


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90087 046 ****61.25

DOCUMENT # N97000006364			
1. Entity Name THE CHAPEL OF THE DIVINE SPIRIT, INC.			
Principal Place of Business 5811 AULD LANE HOLIDAY FL 34690		Mailing Address 5811 AULD LANE HOLIDAY FL 34690	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent SPALDI, SANDRA REV 8207 OLD POST RD PORT RICHEY FL 34668		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Sandra Spaldi</i></u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)</small> DATE			
FILE NOW - FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SPALDI, SANDRA REV 8207 OLD POST RD PORT RICHEY FL 34668 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY JOANNE KENYON 9935 LAKEYVIEW DR. NEW PORT RICHEY FL. 34654 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SEMENORICH, MICHAEL 6326 DELAWARE AVE. NEW PORT RICHEY FL 34653 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	ANTHONY TRAPOLZANO 7727 RADCLIFFE CIRCLE PORT RICHEY FL. 34668 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER TOMPkins, KAREN 7115 MELI CT PORT RICHEY FL 34668 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D REESE, JEANNE 10824 LA QUINTA DRIVE NEW PORT RICHEY FL 34654 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLARK, SUSAN P O BOX 891 LECANTO FL 34460 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 1844 TARPOX SPRINGS FL. 34689
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LAFOREST, HELEN 17210 RIDGE LINE TR HUDSON FL 34667 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REV. DR. JANE VINCENT 8316 PRESIGE DRIVE HOLIDAY FL. 34690



1st MOORE CR2E037 (10/05)

4. FEI Number **59-3211624** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sandra Spaldi*