

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
Nov 04, 2008  
Secretary of State

DOCUMENT# N97000006364

Entity Name: THE CHAPEL OF THE DIVINE SPIRIT, INC.

**Current Principal Place of Business:**

5811 AULD LANE  
HOLIDAY, FL 34690

**New Principal Place of Business:**

**Current Mailing Address:**

8732 JASMINE BLVD.  
PORT RICHEY, FL 34668

**New Mailing Address:**

5811 AULD LANE  
HOLIDAY, FL 34690 US

FEI Number: 59-3211624

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ORSATTI, CHAD T ESQ.  
3204 ALTERNATE 19 N  
PALM HARBOR, FL 34683 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: CHAD T. ORSATTI, ESQ.

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SPALDI, SANDRA REV  
Address: 8207 OLD POST RD  
City-St-Zip: PORT RICHEY, FL 34668

Title: VP ( ) Delete  
Name: SEMENOVICH, MICHAEL  
Address: 6326 DELAWARE AVE.  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: T ( ) Delete  
Name: TOMPKINS, KAREN  
Address: 7115 MELI CT  
City-St-Zip: PORT RICHEY, FL 34668

Title: S ( ) Delete  
Name: KENYON, JOANNE  
Address: 9935 LAKEVIEW DR  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: TD ( ) Delete  
Name: CLARK, SUSAN  
Address: P.O. BOX 1844  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D ( ) Delete  
Name: LAFOREST, HELEN  
Address: 17210 RIDGE LINE TR  
City-St-Zip: HUDSON, FL 34667

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REV SANDRA SPALDI

P

11/04/2008

Electronic Signature of Signing Officer or Director

Date