

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006364

FILED
Mar 12, 2009
Secretary of State

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:

5811 AULD LANE
HOLIDAY, FL 34690 US

New Mailing Address:

5811 AULD LANE
HOLIDAY, FL 34690

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:

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: T (X) Change () Addition
Name: SEGER, PATRICIA
Address: 3425 NIXON ROAD
City-St-Zip: HOLIDAY, FL 34691

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

Title: D (X) Change () Addition
Name: CLARK, SUSAN
Address: P.O. BOX 1844
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D (X) Change () Addition
Name: TRAPOZZANO, DR. ANTHONY
Address: 11221 SHELTER COVE LOOP
City-St-Zip: NEW PORT RICHEY, FL 34653

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: SANDRA SPALDI

P

03/12/2009

Electronic Signature of Signing Officer or Director

Date