

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006364

FILED
Feb 09, 2012
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:

5811 AULD LANE
HOLIDAY, FL 34690 UN

Current Mailing Address:

5811 AULD LANE
HOLIDAY, FL 34690

New Mailing Address:

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
Name: SPALDI, SANDRA REV.
Address: 5811 AULD LANE
City-St-Zip: HOLIDAY, FL 34690

Title: VP
Name: SLOUBER, JULIA REV.
Address: 5811 AULD LANE
City-St-Zip: HOLIDAY, FL 34690

Title: T
Name: MANN, MARY ANN
Address: 5811 AULD LANE
City-St-Zip: HOLIDAY, FL 34690

Title: S
Name: KENYON, JOANNE
Address: 5811 AULD LANE
City-St-Zip: HOLIDAY, FL 34690

Title: D
Name: GARCED, CARLOS REV.
Address: 5811 AULD LANE
City-St-Zip: HOLIDAY, FL 34690

Title: D
Name: SPARKS, BEVERLEY REV.
Address: 5811 AULD LANE
City-St-Zip: HOLIDAY, FL 34690

I hereby 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 all other like empowered.

SIGNATURE: REV. SANDRA SPALDI

P

02/09/2012

Electronic Signature of Signing Officer or Director

Date