

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000000248

**FILED**  
**Jan 26, 2016**  
**Secretary of State**  
**CC6780922090**

**Entity Name:** CHAPEL OF DIVINE MERCY, INC.

**Current Principal Place of Business:**

329 OLD DAYTONA RD.  
DELAND, FL 32724

**Current Mailing Address:**

323 N. BLUE LAKE TERR.  
DELAND, FL 32724 US

**FEI Number:** 03-0383507

**Certificate of Status Desired:** No

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

SHARPE, VIRGINIA DDR.  
323 N. BLUE LAKE TERR.  
DELAND, FL 32724 US

*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

**Officer/Director Detail :**

Title PD  
Name SHARPE, WILLIAM G REV.  
Address 323 N. BLUE LAKE TERR.  
City-State-Zip: DELAND FL 32724

Title VD  
Name SHARPE, MICHAEL PMR  
Address 3414 BLACKWILLOW TRAIL  
City-State-Zip: DELAND FL 32724

Title STD  
Name SHARPE, VIRGINIA D DR.  
Address 329 OLD DAYTONA RD.  
City-State-Zip: DELAND FL 32724

*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:** VIRGINIA D.SHARPE

**SECRETARY**

**01/26/2016**

Electronic Signature of Signing Officer/Director Detail

Date