······································				
SHARPE, MICHAEL 18 TYMBER COVE 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: MICHAEL SHARPE				01/15/2020
	Electronic Signature of Registered	Agent		Date
Officer/Director Detail :				
tle	CHAIRMAN	Title	VC	
ame	SHARPE, WILLIAM G REV.	Name	SHARPE, MICHAEL P	
ddress	18 TYMBER COVE	Address	18 TYMBER COVE	
ty-State-Zip:	DELAND FL 32724	City-State-Zip:	DELAND FL 32724	
tle	TREASURER			
ame	SHARPE, DAVID M			
ddress	18 TYMBER COVE			
	HARPE, MICH TYMBER CO ELAND, FL 32 e above named GNATURE fficer/Direc le ame ddress ty-State-Zip: le	ARPE, MICHAEL TYMBER COVE ELAND, FL 32724 US e above named entity submits this statement for the purple GNATURE: MICHAEL SHARPE Electronic Signature of Registered fficer/Director Detail : the CHAIRMAN ame SHARPE, WILLIAM G REV. Adress 18 TYMBER COVE ty-State-Zip: DELAND FL 32724 the TREASURER ame SHARPE, DAVID M	ARPE, MICHAEL TYMBER COVE ELAND, FL 32724 US e above named entity submits this statement for the purpose of changing its registered office or regist GNATURE: MICHAEL SHARPE Electronic Signature of Registered Agent fficer/Director Detail : the CHAIRMAN Title ame SHARPE, WILLIAM G REV. Name Address 18 TYMBER COVE Address ty-State-Zip: DELAND FL 32724 City-State-Zip: the TREASURER ame SHARPE, DAVID M	AARPE, MICHAEL TYMBER COVE ELAND, FL 32724 US e above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of GNATURE: MICHAEL SHARPE Electronic Signature of Registered Agent fficer/Director Detail : the CHAIRMAN Title VC ame SHARPE, WILLIAM G REV. Name SHARPE, MICHAEL P Address 18 TYMBER COVE Address 18 TYMBER COVE ty-State-Zip: DELAND FL 32724 the TREASURER ame SHARPE, DAVID M

18 TYMBER COVE DELAND, FL 32724 US

Current Mailing Address:

DOCUMENT# N0200000248

FEI Number: 03-0383507

Name and Address of Current Registered Agent:

Entity Name: CHAPEL OF DIVINE MERCY, INC.

Current Principal Place of Business:

329 OLD DAYTONA RD. 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: MICHAEL SHARPE

City-State-Zip: DELAND FL 32724

VICE CHAIRMAN

01/15/2020

Electronic Signature of Signing Officer/Director Detail

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT FILED

Jan 15, 2020 Secretary of State 2975071268CC

Date

Certificate of Status Desired: No