

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000006364

**FILED**  
**Feb 20, 2013**  
**Secretary of State**  
**CC4589917633**

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

**Current Principal Place of Business:**

5811 AULD LANE  
HOLIDAY, FL 34690

**Current Mailing Address:**

5811 AULD LANE  
HOLIDAY, FL 34690

**FEI Number:** 59-3211624

**Certificate of Status Desired:** No

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

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

02/20/2013

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title VP  
Name BROWN, TOM  
Address 5811 AULD LANE  
City-State-Zip: HOLIDAY FL 34690

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

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

Title D  
Name SPARKS, BEVERLY REV  
Address 5811 AULD LANE  
City-State-Zip: HOLIDAY FL 34690

Title D  
Name KERRIGAN, RITA REV  
Address 5811 AULD LANE  
City-State-Zip: HOLIDAY FL 34690

Title D  
Name DORE, PAM REV  
Address 5811 AULD LANE  
City-State-Zip: HOLIDAY FL 34690

Title D  
Name CLARK, SUSAN  
Address 5811 AULD LANE  
City-State-Zip: HOLIDAY FL 34690

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*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:** SPALDI, SANDRA REV.

**PRESIDENT**

02/20/2013

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            D  
Name            TOMPKINS, KAREN  
Address        5811 AULD LANE  
City-State-Zip: HOLIDAY FL 34690