2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9700006364

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

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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. 2925 ALTERNATE 19 N SUITE B

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. 02/03/2015

Electronic Signature of Registered Agent

Date

FILED Feb 03, 2015

Secretary of State

CC3402355658

Officer/Director Detail:

Title P Title VP

NameSPALDI, SANDRA REV.NameBROWN, TOMAddress5811 AULD LANEAddress5811 AULD LANECity-State-Zip:HOLIDAY FL 34690City-State-Zip:HOLIDAY FL 34690

Title T Title S

NameDORE, PAM REV.NameKENYON, JOANNEAddress5811 AULD LANEAddress5811 AULD LANECity-State-Zip:HOLIDAY FL 34690City-State-Zip: HOLIDAY FL 34690

Title D Title D

NameSPARKS, BEVERLY REVNameKERRIGAN, RITA REVAddress5811 AULD LANEAddress5811 AULD LANE

City-State-Zip: HOLIDAY FL 34690 City-State-Zip: HOLIDAY FL 34690

Title D Title D

NameMANN, MARY ANNNameSEGER, PAT REV.Address5811 AULD LANEAddress5811 AULD LANECity-State-Zip:HOLIDAY FL 34690City-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

02/03/2015

Officer/Director Detail Continued:

Title D

Name MCADOO, BOB
Address 5811 AULD LANE
City-State-Zip: HOLIDAY FL 34690