


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 05, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01000002280</b>	
1. Entity Name <b>DIVINE MERCY PRAYER GROUP, INC.</b>	

Principal Place of Business <b>6403 NORTH JADE TERRACE CRYSTAL RIVER FL 34428</b>	Mailing Address <b>6403 NORTH JADE TERRACE CRYSTAL RIVER FL 34428</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE	CR2E037 (10/07)
4. FEI Number <b>59-3704958</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent	
<b>SLAYMAKER, THOMAS E 6027 SUNCOAST BOULEVARD HOMOSASSA FL 34446</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent	
SIGNATURE _____ <small>(Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature is required when re-registering))</small>	DATE _____

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DONAIRE, SUSANA T 6403 N JADE TERRACE CRYSTAL RIVER FL 34428 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GONSETTE, JOSEPHINE 12077 W RIVERWOOD DR CRYSTAL RIVER FL 34428 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RANDLE, ANNE 9750 W TENNESSEE LANE CRYSTAL RIVER FL 34428 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROMERO, FAYE 633 N MCGOWAN AVE CRYSTAL RIVER FL 34429 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ANGELO, JOAQUIN 57 30 N. PRINCEWOOD DR BEVERLY HILLS FL 34465 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WEEKS, LETECIA 2541 N REINOLDS AVE CRYSTAL RIVER FL 34428 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  U00000816658 02/14/08-80060-005 70.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
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**SIGNATURE:** *Susana T. Donaire* **SUSANA T. DONAIRE** 2/2/08 352-564-8603