2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2009
Secretary of State

DOCUMENT# N01000002280

Entity Name: DIVINE MERCY PRAYER GROUP, INC.

Current Principal Place of Business:

6403 NORTH JADE TERRACE
CRYSTAL RIVER, FL 34428

New Principal Place of Business:

Current Mailing Address:

6403 NORTH JADE TERRACE
CRYSTAL RIVER, FL 34428

New Mailing Address:

FEI Number: 59-3704958 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SLAYMAKER, THOMAS E
6027 SUNCOAST BOULEVARD
HOMOSASSA, FL 34446 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	DONAIRE, SUSANA T	
Address:	6403 N JADE TERRACE	
City-St-Zip:	CRYSTAL RIVER, FL 34428	
Title:	D	( ) Delete
Name:	GONSETTE, JOSEPHINE	
Address:	12077 W RIVERWOOD DR	
City-St-Zip:	CRYSTAL RIVER, FL 34428	
Title:	D	( ) Delete
Name:	RANDLE, ANNE	
Address:	9750 W TENNESSEE LANE	
City-St-Zip:	CRYSTAL RIVER, FL 34428	
Title:	D	( ) Delete
Name:	ROMERO, FAYE	
Address:	633 N MCGOWAN AVE	
City-St-Zip:	CRYSTAL RIVER, FL 34429	
Title:	D	( ) Delete
Name:	ANGELO, JOAQUIN	
Address:	57 30 N. PRINCEWOOD DR	
City-St-Zip:	BEVERLY HILLS, FL 34465	
Title:	D	( ) Delete
Name:	WEEKS, LETECIA	
Address:	2541 N REINOLDS AVE	
City-St-Zip:	CRYSTAL RIVER, FL 34428	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SUSANA T. DONAIRE, MD PRES 01/28/2009

Electronic Signature of Signing Officer or Director — Date