

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90238 006 ****61.25

DOCUMENT # N01000002280

1. Entity Name

DIVINE MERCY PRAYER GROUP, INC.



Principal Place of Business

**6403 NORTH JADE TERRACE
CRYSTAL RIVER FL 34428**

Mailing Address

**6403 NORTH JADE TERRACE
CRYSTAL RIVER FL 34428**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3704958**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	DONAIRE, SUSANA T	
STREET ADDRESS	6403 N JADE TERRACE	
CITY-ST-ZIP	CRYSTAL RIVER FL 34428	
TITLE	ST	<input type="checkbox"/> Delete
NAME	TABOADA, NATIUVIDAD C	
STREET ADDRESS	6403 N JADE TERRACE	
CITY-ST-ZIP	CRYSTAL RIVER FL 34428	
TITLE	D	<input type="checkbox"/> Delete
NAME	RANDLE, ANNE	
STREET ADDRESS	9750 W TENNESSEE LANE	
CITY-ST-ZIP	CRYSTAL RIVER FL 34428	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROMERO, FAYE	
STREET ADDRESS	633 N MCGOWAN AVE	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE	D	<input type="checkbox"/> Delete
NAME	MANALO, ARMANDO	
STREET ADDRESS	582 N HAMBLETONIAN DR	
CITY-ST-ZIP	INVERNESS FL 34453	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEEKS, LETECIA	
STREET ADDRESS	2541 N REINOLDS AVE	
CITY-ST-ZIP	CRYSTAL RIVER FL 34428	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: *Susana T. Donaire* **SUSANA T. DONAIRE** 2/12/03 352-564-863

CR2E037 (10/02)