

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000004537

1. Entity Name
DIVINE MERCY COMMUNICATIONS, INC.



Principal Place of Business
3475 SHADY RUN ROAD
MELBOURNE, FL 32934 US

Mailing Address
3475 SHADY RUN ROAD
MELBOURNE, FL 32934 US



01052006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3733155

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRESE, GARY B
930 S. HARBOR CITY BLVD.
SUITE 505
MELBOURNE, FL 32901

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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

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPD
MCWILLIAMS, MICHAEL E
2012 MUIRFIELD WAY
PALM BAY, FL 32909

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
MCGAVERN, ELAINE
4340 WINDOVER WAY
MELBOURNE, FL 32934

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TC
BENZ, NORMAN E
3475 SHADY RUN ROAD
MELBOURNE, FL 32934

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
GROPPE, ROBERT G
692 NICKLAUS DRIVE
MELBOURNE, FL 32940

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000380719
01/11/06-80024-018 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Norman E. Benz*
NORMAN E. BENZ TREAS-CHAIRMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/06 321-752-7277
Date Daytime Phone #