

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90087 046 ****61.25

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1. Entity Name

THE CHAPEL OF THE DIVINE SPIRIT, INC.



Principal Place of Business

5811 AULD LANE
HOLIDAY FL 34690

Mailing Address

5811 AULD LANE
HOLIDAY FL 34690

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3211624

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPALDI, SANDRA REV
8207 OLD POST RD
PORT RICHEY FL 34668

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

Rev. Sandra Spaldi

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
Due By May 1, 2006

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 ☐ Delete
NAME SPALDI, SANDRA REV
STREET ADDRESS 8207 OLD POST RD
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE VP ☐ Delete
NAME SEMENORICH, MICHAEL
STREET ADDRESS 6326 DELAWARE AVE.
CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE ~~B. TREASURER~~ ☐ Delete
NAME TOMPKINS, KAREN
STREET ADDRESS 7115 MELI CT
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE D ☒ Delete
NAME REESE, JEANNE
STREET ADDRESS 10824 LA QUINTA DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL 34654

TITLE D ☐ Delete
NAME CLARK, SUSAN
STREET ADDRESS P O BOX 891
CITY-ST-ZIP LECANTO FL 34460

TITLE P ☐ Delete
NAME LAFOREST, HELEN
STREET ADDRESS 17210 RIDGE LINE TR
CITY-ST-ZIP HUDSON FL 34667

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SECRETARY ☐ Change ☒ Addition
NAME JOANNE KENYON
STREET ADDRESS 9935 LAKEVIEW DR.
CITY-ST-ZIP NEW PORT RICHEY FL. 34654

TITLE ☐ Change ☒ Addition
NAME ANTHONY TRAPOLZANO
STREET ADDRESS 7722 RADCLIFFE CIRCLE
CITY-ST-ZIP PORT RICHEY FL. 34668

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS P.O. Box 1844
CITY-ST-ZIP TARPON SPRINGS FL. 34689

TITLE ☐ Change ☐ Addition
NAME REV. DR. JANE VINCENT
STREET ADDRESS 8316 PRESIGE DRIVE
CITY-ST-ZIP HOLIDAY FL. 34690

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.

SIGNATURE:

Rev. Sandra Spaldi