

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999-00



FLORIDA-DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 MAR 27 PM 12:09

DOCUMENT # N98000001263

1. Corporation Name

CHARITIES OF THE DIVINE MERCY, INC.

Principal Place of Business

203 2ND CT  
PALM BEACH GARDEN FL 33410

Mailing Address

203 2ND CT  
PALM BEACH GARDEN FL 33410



REINSTATEMENT 99-00

2. Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27

City & State

City & State

28

Zip

Country

Zip

Country

25

29

30

3. Date Incorporated or Qualified  
03/02/1998

4. FEI Number

65-0820577

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, EMELYNE  
203 2ND CT  
PALM BEACH GARDEN FL 33410

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME SMITH, EMELYNE  
STREET ADDRESS 203 2ND CT  
CITY-ST-ZIP PALM BEACH GARDEN FL 33410

TITLE SD ☐ DELETE

NAME CARSWELL, KEN  
STREET ADDRESS 5864 TRIPHAMMER RD  
CITY-ST-ZIP LAKE WORTH FL 33463

TITLE TD ☐ DELETE

NAME AMBROISE, MATHILDE  
STREET ADDRESS 5365 EAGLE LAKE DR  
CITY-ST-ZIP PALM BEACH GARDEN FL 33418

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

100003202541--2

-04/11/00--01006--007

\*\*\*\*297.50 \*\*\*\*297.50

100003202541--2

-04/11/00--01006--008

\*\*\*\*\*8.75 \*\*\*\*\*8.75

TA  
AMBROISE, MATHILDE  
1010 SECOND ST LAKE PARK FL  
33403

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/20/99 (561) 882-3140

CR2E037 (11/98)

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