## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris .,

Secretary of State DIVISION OF CORPORATIONS

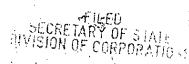
## N98000001263 DOCUMENT #

1. Corporation Name

CHARITIES OF THE DIVINE MERCY, INC.

Principal	Place of	Business

Mailing Address



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mncipai Piace	O DUSINESS	Walling Address							
203 2ND CT PALM BEACH (	GARDEN FL 33410 203 2ND CT PALM BEACH GARDEN FL 33410								
	. P		·	•		REINSTATEMEN	90	ΔÃ	
Principal Pla	ace of Business	of Business 2a. Mailing Address		3. Date incorporated of Qualified					
1	,	26				03/02/1998	40 mars Car	A STATE OF THE PERSON NAMED IN	
Suite, Apt.	¥. etc.	Suite, Apt. #, etc.				4. FEI Number A C C C Applied For			
	1,000	27			Not Applicable				
City & State		City & State					- \$8.75 A	dditional	
i Oity a Gian		28			. *	5. Certifcate of Status Desired	Fee Rec		
' <u> </u> Zin	Country	Zip	Coun	try		6. Election Campaign Financing	\$5.00 N	vlav Be	
. <b>4:-</b>	25	29	30	•		Trust Fund Contribution	Added to		
``	9. Name and Address of Curre		1991			10. Name and Address of New Registered	Agent		
·	A STATE	,		31 Name					
			-				*		
SMITH, EN				32 Street	Addres	ss (P.O. Box Number is Not Acceptable)			
203 2ND (			- h	83					
PALM BEA	CH GARDEN FL 33410	•	ľ	~					
		. •	Ţ	B4 City		FL	85 Zip C	ode .	
								ragistared	
11. Pursuant 1	to the provisions of Sections 617.050	02 and 617.1508, Florida Statut of Florida, Such change was a	es, the ab uthorized	ove-named by the como	corpor oration	ration submits this statement for the purpose o	intment as reg	istered	
agent. I a	n familiar with and accept the oblig	ations of Section 617.0503, Flo	rida Statu	es.	11/2	s board of directors. I hereby accept the appo	•		
SIGNATURE		ر نہ	· ·	ムしひり	414	000			
SIGNATURE.	Signature, typed or privited name of registered age	ent and title if applicable. (NOTE		gent signature r	v beriupe	when reinstating) DATE	ND DIDECTOR	3C IN 12	
12.	OFFICERS A	ND DIRECTORS	13.	· · · · · · · · · · · · · · · · · · ·		ADDITIONS/CHANGES TO OFFICERS A		<del></del>	
ITLE	PD	☐ DELETÉ	1.1 TIT	Ę			Change	☐ Addition	
AME	SMITH, EMELYNE		1.2 NA	Æ		1 101010000000000	r		
TREET ADDRESS	203 2ND CT		1.3 STF	EET ADDRESS		100003202		<u>,                                    </u>	
XTY-ST-ZIP	PALM BEACH GARDEN FL 334	410	1.4 CIT	/-ST-ZIP		-04/11/000			
TILE	SD	DELETE	2.1 TTT	E		*****C31.3U	有力 diange (	Addition	
IAME	CARSWELL, KEN		2.2 NAM	4E		100003202	541 -	-2	
TREET ADDRESS	5864 TRIPHAMMER RD		2.3 STF	EET ADDRESS		-04/11/000	100600	J8 <sup></sup>	
1	LAKE WORTH FL 33463			Y-ST-ZIP		******8.75	<b>李孝孝孝孝</b> 是	3.75	
TTLE	TD	☐ DELETE	3.1 TITI		7	٨	Change	Addition	
2			3.2 NA			MBROISE, MATHICAE			
IAME	AMBROISE, MATHILDE			EET ADDRESS	71	DIU SECOND ST. LAN	17- KAD	V FI	
TREET ADDRESS	5365 EAGLE LAKE DR	440	5.5 5 1	Y-ST-ZIP	10	TO SCHOOLD SIE THE	3	3403	
ITY-ST-ZIP	PALM BEACH GARDEN FL 33	4 18	4,1 TITI		<del> </del>		Change	Addition	
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CITY-ST-ZIP	-		_	Y-ST-ZIP	<u> </u>		Change	Addition	
TILE		☐ DELETE	5.1 TITI		}	\	Change	☐ Addition )	
IAME			5.2 NA		ł	N/11/10	_	1	
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TITLE		☐ DELETE	6.1 TII	.E			☐ Change	☐ Addition	
IAME		•	6.2 NA	AE.				Ì	
STREET ADDRESS			6.3 ST	EET ADDRESS					
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ALL TO ITALE			_						

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 of any attachmen) with an address, with all other like empowered.

**SIGNATURE:**