

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000005620

**Entity Name:** APOSTOLATE OF DIVINE MERCY, INC.**Current Principal Place of Business:**2300 SW 67 AVE.  
MIAMI, FL 33155**Current Mailing Address:**POB 140399  
CORAL GABLES, FL 33114-0399**FEI Number: 65-1045269****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**DE LOS REYES SR, RAFAEL A  
5750 SW 45 TERRACE  
MIAMI, FL 33155 US*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.***SIGNATURE: RAFAEL A DE LOS REYES SR****01/28/2014**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name DE LOS REYES SR, RAFAEL A  
Address 5750 SW 45 TERRACE  
City-State-Zip: MIAMI FL 33155

Title SD  
Name ALMIRALL, JORGE  
Address 10305 SW 26 TERRACE  
City-State-Zip: MIAMI FL 33165

Title TD  
Name FUENTE, JOSE E  
Address 9921 NW 26 STREET  
City-State-Zip: DORAL FL 33172

Title D  
Name HOWARD, MARIA T  
Address 8911 ABBOTT AVENUE  
City-State-Zip: SURFSIDE FL 33154

Title D.  
Name PROVEDOR, AUGUSTO  
Address 12025 SW 19 LANE UNIT 222  
City-State-Zip: MIAMI FL 33175

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: RAFAEL A. DE LOS REYES SR.****PRESIDENT****01/28/2014**

Electronic Signature of Signing Officer/Director Detail

Date