

**2013 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****01/11/2013**

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****PD****01/11/2013**

Electronic Signature of Signing Officer/Director Detail

Date