

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000002224

**FILED**  
**Apr 18, 2021**  
**Secretary of State**  
**4476214576CC**

**Entity Name:** OUR LADY OF SORROWS CHAPEL OF ATONEMENT CHURCH ASSOCIATION INC.

**Current Principal Place of Business:**

180 EILEEN AVENUE  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

180 EILEEN AVENUE  
ALTAMONTE SPRINGS, FL 32714

**FEI Number: 59-3572744**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GAUVIN, AIME H  
180 EILEEN AVENUE  
ALTAMONTE SPRINGS, FL 32714 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:** AIME H GAUVIN

04/18/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DPST  
Name GAUVIN, AIME H  
Address 180 EILEEN AVENUE  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title V  
Name GAUVIN, KATHRYN  
Address 180 EILEEN AVENUE  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title D  
Name CALVELLI, NANCY  
Address 2620 ELMHURST ST  
City-State-Zip: MERRITT ISLAND FL 32953

Title D  
Name CALVELLI, DONNA  
Address 833 BROOKSTONE DR  
City-State-Zip: MERRITT ISLAND FL 32952

Title D  
Name DAY, FRANCIS H  
Address 828 EBB DR  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title ADM  
Name ETLING, JON  
Address 3918 KILMARNOCK DR  
City-State-Zip: APOPKA FL 32712

*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:** AIME H.GAUVIN JR.

DPST

04/18/2021

Electronic Signature of Signing Officer/Director Detail

Date