

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N94000002837 (2)

1. Corporation Name
CHAPEL OF DIVINE LOVE, ADL INC.



Principal Place of Business 4645 N HARBOR CITY BLVD. PALM SHORES FL 32935	Mailing Address 4645 N HARBOR CITY BLVD. PALM SHORES FL 32935
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3. Date Incorporated or Qualified 06/07/1994	3a. Date of Last Report 08/23/1995
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 59-3307456	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

BUCK, ROBERT
4645 N HARBOR CITY BLVD.
PALM SHORES FL 32935

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	TANNER, FRAN	
STREET ADDRESS	235 ASHE DR	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BUCK, JANET	
STREET ADDRESS	520 FOOTMAN LANE	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	POD	<input type="checkbox"/> DELETE
NAME	BUCK, ROBERT	
STREET ADDRESS	520 FOOTMAN LANE	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WOLFF, LORETTA	
STREET ADDRESS	P O BOX 223 NA	
CITY-ST-ZIP	SHARPES FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	TOBIN, BETTY	
STREET ADDRESS	447 SANDOLLAR LANE	
CITY-ST-ZIP	COCOA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MARION, DE	
STREET ADDRESS	918 BEAVERDALE LANE	
CITY-ST-ZIP	ROCKLEDGE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BERNTSON, PAULA	
1.3 STREET ADDRESS	1455 CONCORD AVE.	
1.4 CITY-ST-ZIP	MERRITT ISL FL 32952	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	FLOWE, BETTY	
2.3 STREET ADDRESS	1011 WESTVIEW DRIVE	
2.4 CITY-ST-ZIP	COCOA FL 32922	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PENDEGRASS, REBECCA	
3.3 STREET ADDRESS	3814 ARROWSMITH DRIVE	
3.4 CITY-ST-ZIP	COCOA FL 32924	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Robert Buck **REQUIRED** ROBERT BUCK **8-1-96 (407) 453-6670**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)