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FILED
Apr 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Moxham Secretary of State DIVISION OF CORPORATIONS
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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 32935-7203
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3. Date Incorporated or Qualified 06/07/1994	3a. Date of Last Report 08/07/1996
4. FEI Number 59-3307456	Applied For <input type="checkbox"/> Not Applicable
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 checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

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	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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	D	<input type="checkbox"/> DELETE
NAME	BERNTSON, PAULA	
STREET ADDRESS	1455 CONCORD AVENUE	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FLOWE, BETTY	
STREET ADDRESS	1011 WESTVIEW DRIVE	
CITY-ST-ZIP	COCOA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PENDERGRASS, REBECCA	
STREET ADDRESS	3816 ARROWSMITH DRIVE	
CITY-ST-ZIP	COCOA 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 SANDDOLLAR LANE	
CITY-ST-ZIP	COCOA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BUCK, ROBERT	
1.3 STREET ADDRESS	620 Footman Lane	
1.4 CITY-ST-ZIP	MERRITT ISL FL 32952	
2.1 TITLE	D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BUCK, JANET	
2.3 STREET ADDRESS	520 Footman Lane	
2.4 CITY-ST-ZIP	MERRITT ISL FL 32952	
3.1 TITLE	D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TANNER, FRAN	
3.3 STREET ADDRESS	235 ASHE DRIVE	
3.4 CITY-ST-ZIP	MERRITT ISL FL 32952	
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 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 on an attachment with an address.

SIGNATURE _____ DATE _____

CR2E037 (9/96)