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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000002837

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/07/1994

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3307456

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE

NAME: BERNTSON, PAULA
STREET ADDRESS: 1455 CONCORD AVENUE
CITY-ST-ZIP: MERRITT ISLAND FL

1.1 TITLE Change Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DELETE

NAME: FLOWE, BETTY
STREET ADDRESS: 1011 WESTVIEW DRIVE
CITY-ST-ZIP: COCOA FL

2.1 TITLE Change Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DELETE

NAME: PENDERGRASS, REBECCA
STREET ADDRESS: 3816 ARROWSMITH DRIVE
CITY-ST-ZIP: COCOA FL

3.1 TITLE Change Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE

NAME: BUCK, ROBERT
STREET ADDRESS: 520 FOOTMAN LANE
CITY-ST-ZIP: MERRITT ISLAND FL

4.1 TITLE Change Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE

NAME: TOBIN, BETTY
STREET ADDRESS: 447 SANDDOLLAR LANE
CITY-ST-ZIP: COCOA FL

5.1 TITLE Change Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE

NAME: BUCK, JANET
STREET ADDRESS: 520 FOOTMAN LANE
CITY-ST-ZIP: MERRITT ISLAND FL

6.1 TITLE Change Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

Robert O. Buck
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE: 6/11/99
Daytime Phone #: (402) 453-6670

CR2E037 (1/198)