

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90273 029 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002837

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

Principal Place of Business Mailing Address
4645 N HARBOR CITY BLVD. **4645 N HARBOR CITY BLVD.**
PALM SHORES FL 32935 **PALM SHORES FL 32935**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3307456** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BUCK, ROBERT
4645 N HARBOR CITY BLVD.
PALM SHORES FL 32935

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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 *Robert Buck* **REV. ROBERT BUCK** **7-17-01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. 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	3818 ARROWSMITH DRIVE	
CITY-ST-ZIP	COCOA FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	BUCK, ROBERT	
STREET ADDRESS	520 FOOTMAN LANE	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TOBIN, BETTY	
STREET ADDRESS	447 SANDDOLLAR LANE	
CITY-ST-ZIP	COCOA FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BUCK, JANET	
STREET ADDRESS	520 FOOTMAN LANE	
CITY-ST-ZIP	MERRITT ISLAND FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert Buck* **ROBERT BUCK** **BOARD PRES.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/01)