

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90057 041 ****61.25

DOCUMENT # N94000002837

1. Entity 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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

520 FOOTMAN LN

3. Mailing Address

520 FOOTMAN LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MERRITT ISLAND FL

City & State

MERRITT ISLAND FL

4. FEI Number

59-3307456

Applied For

Not Applicable

Zip

32952

Country

USA

Zip

32952

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

520 FOOTMAN LN

City

MERRITT ISLAND

FL

Zip Code

32952

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

ROBERT BUCK

1-31-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
 NAME **BERNTSON, PAULA**
 STREET ADDRESS **1455 CONCORD AVENUE**
 CITY-ST-ZIP **MERRITT ISLAND FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **FLOWE, BETTY**
 STREET ADDRESS **1011 WESTVIEW DRIVE**
 CITY-ST-ZIP **COCOA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **PENDERGRASS, REBECCA**
 STREET ADDRESS **3816 ARROWSMITH DRIVE**
 CITY-ST-ZIP **COCOA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DP** Delete
 NAME **BUCK, ROBERT**
 STREET ADDRESS **520 FOOTMAN LANE**
 CITY-ST-ZIP **MERRITT ISLAND FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **TOBIN, BETTY**
 STREET ADDRESS **447 SANDDOLLAR LANE**
 CITY-ST-ZIP **COCOA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DV** Delete
 NAME **BUCK, JANET**
 STREET ADDRESS **520 FOOTMAN LANE**
 CITY-ST-ZIP **MERRITT ISLAND FL**

TITLE Change 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**

1-31-02

321/453-6670

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)