

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002837

FILED  
Apr 28, 2006  
Secretary of State

Entity Name: CHAPEL OF DIVINE LOVE, ADL INC.

**Current Principal Place of Business:**

520 FOOTMAN LANE  
MERRITT ISLAND, FL 32952 US

**New Principal Place of Business:**

**Current Mailing Address:**

520 FOOTMAN LANE  
MERRITT ISLAND, FL 32952 US

**New Mailing Address:**

FEI Number: 59-3307456

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BUCK, ROBERT  
520 FOOTMAN LANE  
MERRITT ISLAND, FL 32952 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BERNTSON, PAULA  
Address: 1455 CONCORD AVENUE  
City-St-Zip: MERRITT ISLAND, FL

Title: D ( ) Delete  
Name: FLOWE, BETTY  
Address: 1011 WESTVIEW DRIVE  
City-St-Zip: COCOA, FL

Title: D ( ) Delete  
Name: PENDERGRASS, REBECCA  
Address: 3816 ARROWSMITH DRIVE  
City-St-Zip: COCOA, FL

Title: DPT ( ) Delete  
Name: BUCK, ROBERT  
Address: 520 FOOTMAN LANE  
City-St-Zip: MERRITT ISLAND, FL

Title: DV ( ) Delete  
Name: BUCK, JANET  
Address: 520 FOOTMAN LANE  
City-St-Zip: MERRITT ISLAND, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT BUCK

RA

04/28/2006

Electronic Signature of Signing Officer or Director

Date