2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003937

Entity Name: DIVINE CIRCLE OF ILLUMINATI, CORP.

FILED Apr 27, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

205 JOEL BLVD

#300 (AEROBICS ROOM)

LEHIĞH ACRES, FL 33972 US

New Mailing Address:

LEHIGH ACRES, FL 33936

518 JOEL BLVD

Current Mailing Address: 706 HAMILTON AVENUE

LEHIGH ACRES, FL 33972 US

US 518 JOEL BLVD LEHIGH ACRES

LEHIGH ACRES, FL 33936 US

FEI Number: 42-1765668 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Na

US

Name and Address of New Registered Agent:

US

SLATER, LUREEN REV. 706 HAMILTON AVENUE LEHIGH ACRES, FL 33972

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.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

SLATER, LUREEN REV.

706 HAMILTON AVENUE

706 HAMILTON AVENUE

SLATER, PAUL MR.

LEHIGH ACRES, FL 33972 US

LEHIGH ACRES, FL 33972 US

(X) Change () Addition

(X) Change () Addition

 Title:
 P
 () Delete

 Name:
 SLATER, LUREEN REV.

 Address:
 706 HAMILTON AVENUE

 City-St-Zip:
 LEHIGH ACRES, FL 33972 US

Title: VP () Delete
Name: SLATER, PAUL ASST. P

Address: 706 HAMILTON AVENUE City-St-Zip: LEHIGH ACRES, FL 33972 US

Title: () Delete Name:

Address: City-St-Zip:

Title: () Delete

Name: Address: City-St-Zip:

Title: () Delete Name:

() Delete

Title: Name: Address: City-St-Zip:

City-St-Zip:

Address:

Title: C () Change (X) Addition Name: CICERO, ALTHEA MRS.

Address: 644 EAST 88 STREET
City-St-Zip: BROOKLYN,, NY 11236

Title: MGRM () Change (X) Addition Name: ZARA, EVANS MRS.

Address: 720 HAMILTON AVENUE City-St-Zip: LEHIGH ACRES, FL 33972

Title: S () Change (X) Addition Name: FOSTER, AUDREY MRS.

Address: 207 ANDULUCIA AVENUE, S. City-St-Zip: LEHIGH ACRES, FL 33974

Title: T () Change (X) Addition
Name: PACQUETTE, ELEISE MS.
Address: 13 LEELAND HEIGHTS BLVD. S.
City-St-Zip: LEHIGH ACRES, FL 33972

I hereby certify that the information supplied with this filing does not qualify 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: LUREEN SLATER PCEO 04/27/2009