## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 24, 2002 8:00 am Secretary of State **DOCUMENT # 723523** 04-24-2002 90452 001 \*\*\*\*\*8.75 THE CHURCH OF DIVINE LIGHT INCORPORATED 04-24-2002 90452 002 \*\*\*\*61.25 Principal Place of Business Mailing Address C/O REV LAURA B CANUEL C/O REV LAURA B CANUEL 3341 SOUTH WEST 40TH AVENUE 3341 SOUTH WEST 40TH AVENUE HOLLYWOOD FL 33023 HOLLYWOOD FL 33023 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State NOT APPLICABLE Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) Canuel Laura B (REV) 3341 SW 40TH AVENUE HOLLYWOOD FL 33023 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition PD Change ☐ Delete TITLE TITLE CANUEL.GUY M NAME NAME STREET ADDRESS 3341 SW 40TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-71P HOLLYWOOD FL ☐ Change ☐ Addition VST ☐ Delete TITLE TITLE CANUEL, LAURA B NAME NAME STREET ADDRESS 3341 SW 40TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL Delete Change - - Addition TITLE: TITLÉ CANUEL, YVAN G NAME NAME STREET ADDRESS STREET ADDRESS 3341 SW 40TH AVENUE CITY-ST-7IP CITY-ST-ZIP HOLLYWOOD FL Change ☐ Addition Delete TITLE TITLE NAME Canuel, Laura B. NAME STREET ADDRESS STREET ADDRESS 3341 SW 40TH AVENUE CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

**FILED** 

SIGNATURE: Revision and address, with all other like empowered.