

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90067 024 \*\*\*\*61.25

**DOCUMENT # 732885**

1. Entity Name  
**CHURCH OF DIVINITY, INC.**



Principal Place of Business  
12011 N.W. 148TH PL.  
P.O. BOX 1862  
ALACHUA, FL 32615 US

Mailing Address  
12011 N.W. 148TH PL.  
P.O. BOX 1862  
ALACHUA, FL 32615 US



04132007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

THOMAS, JEAN W.A.  
12011 N.W. 148TH PL.  
ALACHUA, FL 32615

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	THOMAS, JEAN W.
STREET ADDRESS	12011 N.W. 148TH PL
CITY-ST-ZIP	ALACHUA, FL 32615
TITLE	D
NAME	MALANAPHY, MARCIA
STREET ADDRESS	3916 NW 34TH PLACE
CITY-ST-ZIP	GAINESVILLE, FL 32606
TITLE	SD
NAME	EISENBERG, MARILYN
STREET ADDRESS	8620-261 NW 13TH ST
CITY-ST-ZIP	GAINESVILLE, FL 32653
TITLE	D
NAME	LONG, SARA L.
STREET ADDRESS	12013 NW 147th PL
CITY-ST-ZIP	ALACHUA, FL 32615
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *Jean W. Thomas (JEAN W. THOMAS)*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/29/07*

Date

*(386) 462-7038*

Daytime Phone #