

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 01, 2008 08:00 AM**  
**Secretary of State**

**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



01202008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 renouncing) DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

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

U000000876538  
04/11/08-80076-018 61.25

**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** 3/26/08 (386) 462-7038  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #