

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 25 1996 8:00 am  
Secretary of State

DOCUMENT # 766156 (4)

1. Corporation Name

THE CHURCH OF DIVINE MISSION, INC.

Principal Place of Business

Mailing Address

%RABBI CLENNON KING  
910 N.W. 2ND CT., P.O. BOX 010054  
MIAMI FL 33101-0054

%RABBI CLENNON KING  
910 N.W. 2ND CT., P.O. BOX 010054  
MIAMI FL 33101-0054



2. Principal Place of Business	2a. Mailing Address
21 910 NW 2nd Ct	26 P O Box 010054
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
22 3rd floor	27
23 City & State	28 City & State
23 MIAMI FL	28 MIAMI FL
24 Zip	29 Zip
24 33101	29 33101
25 Country	30 Country
25 USA	30 USA

3. Date Incorporated or Qualified	3a. Date of Last Report
12/15/1982	08/31/1995
4. FEI Number	Applied For
59-2276360	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Not Profit

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KING, CLENNON (RABBI)  
910 N.W. 2ND CT.  
MIAMI FL 33136

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STM KING, CLENNON (RABBI)	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	910 N.W. 2ND CT.	1.2 NAME	
STREET ADDRESS	MIAMI FL	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	D <del>CARNEGIE, AARON (DR)</del>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUTCHINSON RIVER PARKWAY, EAST BLDG. 29-C	2.2 NAME	DR CLIFFORD BELL
STREET ADDRESS	BRONX NY	2.3 STREET ADDRESS	INDIAN HOSPITAL
CITY - ST - ZIP		2.4 CITY - ST - ZIP	SAVADO, ARIZ
TITLE	DP NELSON, MR. HERMAN	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	516 LARA LANE	3.2 NAME	
STREET ADDRESS	ANNISTON AL	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	D ROBINSON, SISTER GLORIA	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1320 NW 8TH AVE.	4.2 NAME	
STREET ADDRESS	MIAMI FL	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	DC CRAWFORD, FLOYD R REV.	5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	277 N.W. 9TH STREET	5.2 NAME	CLENNON KING III REVEREND
STREET ADDRESS	MIAMI FL	5.3 STREET ADDRESS	370 TOOMA ST # 215
CITY - ST - ZIP		5.4 CITY - ST - ZIP	SD CALIF 92139
TITLE	D CONSOLAZIO, PADLINE (SIS)	6.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	880 N.W. 7TH AVE., #15	6.2 NAME	DVC Reverend ECKIELE WMS
STREET ADDRESS	MIAMI FL	6.3 STREET ADDRESS	786 NW 14 ST
CITY - ST - ZIP		6.4 CITY - ST - ZIP	MIAMI FL 33136

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)