

FILE NOW: FILING FEE IS \$61.25

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Mar 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **766156** (4)

1. Corporation Name

THE CHURCH OF DIVINE MISSION, INC.



Principal Place of Business 910 NW 2ND CT MIAMI FL 33101-0054 US	Mailing Address P O BOX 010054 MIAMI FL 33101-0054 US
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3. Date Incorporated or Qualified 12/15/1982
4. FEI Number 59-2276360
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 910 NW 2 CT Suite, Apt. #, etc.	2a. Mailing Address 26 POB 10054 Suite, Apt. #, etc.
22 City & State 23 MIAMI FL Zip 24 33136	27 City & State 28 MIAMI FL Zip 29 33104

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent KING, CLENNON (RABBI) 910 N.W. 2ND CT. MIAMI FL 33136

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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]* DATE **March 19, 1998**

12. OFFICERS AND DIRECTORS	
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	
STM	KING, CLENNON (RABBI)
910 N.W. 2ND CT.	
MIAMI FL	
<input type="checkbox"/> DELETE	
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	
CHAIRMAN	BELL, CLIFFORD (DR.)
INDIAN HOSPITAL	
SAGE MEMORIAL HOSPITAL	
GANADO AR	
<input type="checkbox"/> DELETE	
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	
DP	KING, FELDER ERNEST
7347 CEDAR CREEK LOOP RD	
COLUMBUS GA	
<input type="checkbox"/> DELETE	
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	
DP	ORANFORD, KING ELOYD
277 NW 11TH ST	
MIAMI	
<input type="checkbox"/> DELETE	
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	
DP	KING, CLENNON MURIEL
1370 TOOMAS ST STE 215	
SD CA	
<input type="checkbox"/> DELETE	
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	
DP	WILLIAMS, EZEKIEL
786 NW 14TH ST	
MIAMI FL	
<input type="checkbox"/> DELETE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	1.2 NAME
1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
STN PRES	JACK ARIAS
1201 S. OCEAN DR.	
HOLLY WOOD FL	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
2.1 TITLE	2.2 NAME
2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
6TH PRES	TOBY PRINCE BRIGHAM
203 SW CORAL WAY	
MIAMI	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
3.1 TITLE	3.2 NAME
3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
7 PRES	DWIGHT HILL
1399 SW 1 AV	
MIAMI	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
4.1 TITLE	4.2 NAME
4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
D	VALENCIA NELSON
513 LARA LANE	
ANNISTON, ALA	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
5.1 TITLE	5.2 NAME
5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
D	BILL L. KING
159 W 127 ST.	
NYC	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
6.1 TITLE	6.2 NAME
6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
D	LEO CASINO
MIAMI FL	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	

14. 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 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 if changed, or on an attachment with an address.

SIGNATURE: **CLENNON KING** *[Signature]*

CR2E037 (10/97)