FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State
04-14-1999 90067 025 ****61.25

DOCUMENT # 766156

1. Corporation Name

THE CHURCH OF DIVINE MISSION, INC.

Principal Place of Business
910 NW 2ND CT
MIAMI FL 33136
US

Mailing Address
P.O. BOX 10054
MIAMI FL 33101
US

33101

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip 24 Country 25

Zip 29 Country 30

3. Date Incorporated or Qualifed
12/15/1982

4. FEI Number
59-2276360
☐ Applied For
☐ Not Applicable

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

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

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	STM	☐ DELETE
NAME	KING, CLENNON (RABBI)	
STREET ADDRESS	910 N.W. 2ND CT.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☐ DELETE
NAME	BELL, DR. CLIFFORD	
STREET ADDRESS	SAGE MEMORIAL HOSPITAL	
CITY-ST-ZIP	GANADO AR	
TITLE	D	☐ DELETE
NAME	NELSON, VALENCIA	
STREET ADDRESS	513 LARA LANE	
CITY-ST-ZIP	ANNISTON AL	
TITLE	D	☒ DELETE
NAME	KING, BILL L.	
STREET ADDRESS	159 W 129TH ST	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	☒ DELETE
NAME	KEATON, ANTOINEETE	
STREET ADDRESS	277 NW 9 ST	
CITY-ST-ZIP	SD CA	
TITLE	D	☒ DELETE
NAME	KING, MURIEL	
STREET ADDRESS	1370 TOOMAS ST STE 215	
CITY-ST-ZIP	SD CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VICE STM	☐ Change ☒ Addition
1.2 NAME	ELDER EZEKIEL WMS	
1.3 STREET ADDRESS	VICE STM	
1.4 CITY-ST-ZIP		
2.1 TITLE	ELDER EZEKIEL WILLIAMS	☐ Change ☒ Addition
2.2 NAME	786 NW 14 STREET	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	MIAMI FL 33136	
3.1 TITLE		☐ Change ☒ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: [illegible] REG. AGT. April 1, 1999 305 358 2351
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #