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	Mailing Address
910 NW 2ND CT MIAMI FL 33136 US	P.O. BOX 10054 MIAMI FL 33101 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 12/15/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2276360 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	STM	☐ DELETE	1.1 TITLE	VICE STM	☐ Change ☑ Addition
NAME	KING, CLENNON (RABBI)		1.2 NAME	ELDER EZEKIEL WMS	
STREET ADDRESS	910 N.W. 2ND CT.		1.3 STREET ADDRESS	VICE STM	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE	ELDER EZEKIEL WILLIAMS	☐ Change ☒ Addition
NAME	BELL, DR. CLIFFORD		2.2 NAME	786 NW 14 STREET	
STREET ADDRESS	SAGE MEMORIAL HOSPITAL		2.3 STREET ADDRESS		
CITY-ST-ZIP	GANADO AR		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	MIAMI FL 33136	☐ Change ☑ Addition
NAME	NELSON, VALENCIA		3.2 NAME		
STREET ADDRESS	513 LARA LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ANNISTON AL		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KING, BILL L.		4.2 NAME		
STREET ADDRESS	159 W 129TH ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	KEATON, ANTOINETTE		5.2 NAME		
STREET ADDRESS	277 NW 9 ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	SD CA		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	KING, MURIEL		6.2 NAME		
STREET ADDRESS	1370 TOOMAS ST STE 215		6.3 STREET ADDRESS		
CITY-ST-ZIP	SD CA		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: Clennon King REG. AGT. April 1, 1999 305 358 2367
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #