

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90062 004 ****61.25

DOCUMENT # *766156*

1. Entity Name

The Church of Divine Mission, Inc.

DO NOT WRITE IN THIS SPACE

661947

2. Principal Place of Business

910 NW 2nd Ct

Suite, Apt. #, etc.

3. Mailing Address

7370 Towner Street

Suite, Apt. #, etc.

215

DO NOT WRITE IN THIS SPACE

City & State

Miami, Florida

City & State

SAN DIEGO, CALIFORNIA

4. FEI Number

59-227 0360

Applied For

Not Applicable

Zip

33136

Country

USA

Zip

92139

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Martin Siskind

Street Address (P.O. Box Number is Not Acceptable)

220 N.W. 2nd Ave.

City *MIAMI*

FL

Zip Code

33127

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*D
MURIEL KING
7370 Towner St., Unit 215
SAN DIEGO, CA 92139*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*D
Lee King
145 Keyatta Dr
SAN DIEGO, CA 92114*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*D
Valencia King Nelson
513 Lara Lane
ANNISTON, AL 36206*

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NAME
STREET ADDRESS
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12. 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 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 on an attachment with an address, with another like empowered.

SIGNATURE:

Muriel King (Murriel King)

4/26/2002

619-528-2432

Date

Daytime Phone #

CR2E037B (12/01)