


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N00000000173	
<b>1. Entity Name</b> DIVINE ENTITIES, INC.	

<b>Principal Place of Business</b> P. O. BOX 530081 ST. PETERSBURG, FL 33747	<b>Mailing Address</b> P. O. BOX 530081 ST. PETERSBURG, FL 33747
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**DO NOT WRITE IN THIS SPACE**



04302004 No Chg-NP CR2E037 (10/03)

<b>4. FEI Number</b> 59-3683084	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

BRINKLEY, ARLENE  
2020 MELROSE AVE.  
ST. PETERSBURG, FL 33712

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**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U00000153153</b> <b>05/04/04-80116-015 70.00</b>
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**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	DS
<b>NAME</b>	BRINKLEY, ARLENE J
<b>STREET ADDRESS</b>	2022 MELROSE AVENUE SOUTH
<b>CITY-ST-ZIP</b>	SAINT PETERSBURG, FL 33712
<b>TITLE</b>	DT
<b>NAME</b>	BRINKLEY, MARLENE
<b>STREET ADDRESS</b>	5832 6TH LANE SOUTH #4
<b>CITY-ST-ZIP</b>	SAINT PETERSBURG, FL 33712
<b>TITLE</b>	D
<b>NAME</b>	BRINKLEY, COLUMBUS
<b>STREET ADDRESS</b>	2022 MELROSE AVENUE S
<b>CITY-ST-ZIP</b>	SAINT PETERSBURG, FL 33712
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**DO NOT WRITE IN THIS SPACE**

**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 Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** Arlene Brinkley **April 29, 04 727 864-1103**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #