

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004057

FILED  
May 07, 2005  
Secretary of State

**Entity Name:** DIVINE CREATIONS TRAINING & RESOURCE CENTER, INC.

**Current Principal Place of Business:**

731 RALEIGH ROAD, S.E.  
PALM BAY, FL 32909

**New Principal Place of Business:**

667 DIANNE DRIVE  
MELBOURNE, FL 32935

**Current Mailing Address:**

731 RALEIGH ROAD, S.E.  
PALM BAY, FL 32909

**New Mailing Address:**

667 DIANNE DRIVE  
MELBOURNE, FL 32935

**FEI Number:** 59-3650608      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

ADELAkun, LORETTA  
731 RALEIGH ROAD, S.E.  
PALM BAY, FL 32909      US

**Name and Address of New Registered Agent:**

ADELAkun, LORETTA  
667 DIANNE DRIVE  
MELBOURNE, FL 32935      US

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: \_\_\_\_\_

05/07/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: HARRINGTON, LORETTA  
Address: 1223 GLENHAM DRIVE, N.E.  
City-St-Zip: PALM BAY, FL 32905

Title: SD      ( ) Delete  
Name: SIMPSON, LENA  
Address: 2857 COLBERT CIRCLE  
City-St-Zip: MELBOURNE, FL 32901

Title: TD      ( ) Delete  
Name: ADELAkun, LORETTA  
Address: 731 RALEIGH ROAD, S.E.  
City-St-Zip: PALM BAY, FL 32909

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORETTA ADELAkun

TD

05/07/2005

Electronic Signature of Signing Officer or Director

Date