

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90144 038 ****70.00

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DOCUMENT # N00000007292

1. Entity Name

DIVINE POWER MINISTRIES, INC.

Principal Place of Business

**2120 DUFF RD LOT #115
LAKELAND FL 33810**

Mailing Address

**2120 DUFF RD LOT #115
LAKELAND FL 33810**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-2294591

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GRIGGS, DARREL L
2120 DUFF RD LOT #115
LAKELAND FL 33810**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

**FILE NOW:
FEE IS \$61.25**

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 **P** ☐ Delete
NAME **GRIGGS, DARREL L**
STREET ADDRESS **2120 DUFF RD LOT #115**
CITY-ST-ZIP **LAKELAND FL 33810**

TITLE **VT** ☐ Delete
NAME **GRIGGS, MICHELLE L**
STREET ADDRESS **2120 DUFF RD LOT #115**
CITY-ST-ZIP **LAKELAND FL 33810**

TITLE **D** ☐ Delete
NAME **NEWBERRY, RANDALL**
STREET ADDRESS **5641 MEADOW GLEN RD**
CITY-ST-ZIP **LAKELAND FL 33810**

TITLE **SD** ☐ Delete
NAME **NEWBERRY, LINDA J**
STREET ADDRESS **5641 MEADOW GLEN RD**
CITY-ST-ZIP **LAKELAND FL 33810**

TITLE **D** ☐ Delete
NAME **JOHNSON, ANNIE I**
STREET ADDRESS **837 N NOKOMIS AVE**
CITY-ST-ZIP **LAKELAND FL 33815**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Michelle L. Griggs MICHELLE L. GRIGGS 04/04/01 (863) 815-8885

CR2E037 (10/00)