

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000007292

1. Entity Name

DIVINE POWER MINISTRIES, INC.

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90157 011 ****70.00

Principal Place of Business

Mailing Address

2120 DUFF RD LOT #115
LAKELAND FL 33810

2120 DUFF RD LOT #115
LAKELAND FL 33810

2. Principal Place of Business

3. Mailing Address

2210 Greenbrier Village
Suite, Apt. #, etc. 100B

2210 Greenbrier Village loop
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

LKld FL

LKld FL

4. FEI Number

52-2294591

Applied For

Not Applicable

Zip

33810

Country

U.S.A.

Zip

33810

Country

U.S.A.

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name DARREL L. GRIGGS

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

2210 Greenbrier Village loop

City LKld

FL

Zip Code

33810

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

Darrel L. Griggs

President

04/14/02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE Barbara A. Chapple
NAME Barbara A. Chapple
STREET ADDRESS 8534 Harrison Rd.
CITY-ST-ZIP Lakeland FL. 33810 ☐ Change ☒ Addition

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

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

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

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

Vice President

04/14/02

(863) 853-2315

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)