

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000001035
1. Entity Name
THE DIVINE MINISTRY OF GOD,
NON-DENOMINATIONAL, INCORPORATED



Principal Place of Business
C/O MR. IRY D. HERBERT
301 W 22ND ST
RIVIERA BCH, FL 33404

Mailing Address
C/O MR. IRY D. HERBERT
301 W 22ND ST
RIVIERA BCH, FL 33404



01062006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HERBERT, IRY D
301 W 22ND ST
RIVIERA BCH, FL 33404

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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 reappointing) DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HERBERT, IRY D
STREET ADDRESS	301 W 22ND ST
CITY- ST- ZIP	RIVIERA BCH, FL 33404
TITLE	DV
NAME	HERBERT, GWENDOLYN Y
STREET ADDRESS	301 W 22ND ST
CITY- ST- ZIP	RIVIERA BCH, FL 33404
TITLE	D
NAME	HERBERT, RAY V
STREET ADDRESS	301 W 22ND ST
CITY- ST- ZIP	RIVIERA BCH, FL 33404
TITLE	DS
NAME	MCCORMICK, CLANCY
STREET ADDRESS	2408 NW 8TH ST
CITY- ST- ZIP	POMPANO BCH, FL 33409
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-06

Date Daytime Phone #