2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2004
Secretary of State

DOCUMENT# N02000003482

Entity Name: DIVAS ON THE RISE, INC.

Current Principal Place of Business:

P O BOX 40734
JACKSONVILLE, FL 32203

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 40734
JACKSONVILLE, FL 32203

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, NORMA
P O BOX 40734
JACKSONVILLE, FL 32203

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WILLIAMS, NORMA
Address: P O BOX 40734
City-St-Zip: JACKSONVILLE, FL 32203

Title: VD ( ) Delete
Name: JACKSON, BRIDGET
Address: 8737 7TH AVENUE
City-St-Zip: JACKSONVILLE, FL 32208

Title: SD ( ) Delete
Name: HUBBARD, JUDY
Address: 10293 TAURINE RIDGE DR
City-St-Zip: JACKSONVILLE, FL 32218

Title: TD ( ) Delete
Name: SABLON, MADRA
Address: P O BOX 43458
City-St-Zip: JACKSONVILLE, FL 32203

Title: D ( ) Delete
Name: RICHARD, RHONDA
Address: P.O. BOX 2612
City-St-Zip: KENNER, FL 70062

Title: D (X) Delete
Name: MELVIN, MARY
Address: 392 CAIRO ST. N.W.
City-St-Zip: ATLANTA, GA 30314

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:

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

Title: D (X) Change ( ) Addition
Name: CLARKE, REV. PAT
Address: P.O. BOX 43458
City-St-Zip: JACKSONVILLE, FL 32203

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: NORMA WILLIAMS PD 09/09/2004
Electronic Signature of Signing Officer or Director — Date