2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2009
Secretary of State

DOCUMENT# N02000005521

Entity Name: DIVINE DIRECTION WORSHIP CENTER, INC.

Current Principal Place of Business:

1480 SW 9TH AVE
FORT LAUDERDALE, FL 33315

New Principal Place of Business:

Current Mailing Address:

PO BOX 8536
FORT LAUDERDALE, FL 33310

New Mailing Address:

PO BOX 101386
FORT LAUDERDALE, FL 33310

FEI Number: 04-3700276 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHARP, KEITHA S
1480 SW 9TH AVE
FT. LAUDERDALE, FL 33315 US

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: SP ( ) Delete
Name: KING, SANDRA
Address: P.O. BOX 8536
City-St-Zip: FORT LAUDERDALE, FL 33310

Title: P ( ) Delete
Name: SHARP, KEITHA
Address: 1480 SW 9TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: D ( ) Delete
Name: BANKS, DARRYL
Address: 1480 SW 9TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: D ( ) Delete
Name: BURNEY, COLLETTE
Address: 1480 SW 9TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33315

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SANDRA KING SP 03/29/2009

Electronic Signature of Signing Officer or Director — Date