

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Sep 09, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000008905

1. Entity Name
DIVINE MINISTRIES, INC.



Principal Place of Business
2109 SIMMONS AVENUE
LEESBURG, FL 34748

Mailing Address
2109 SIMMONS AVENUE
LEESBURG, FL 34748



07012004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 37-1443267	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WARE, JEREMIAH
2109 SIMMONS AVENUE
LEESBURG, FL 34748

**DO NOT WRITE
IN THIS SPACE**

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 Jeremiah H WARE
Signature, typed or printed name of registered agent and title if applicable.

[Signature]
(NOTE: Registered Agent signature required when re-registering)

9-7-04
DATE

Filing Fee is \$61.25
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARE, JEREMIAH 2109 SIMMONS AVENUE LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARE, SAUNDRA 2109 SIMMONS AVENUE LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HODGE, ELIZABETH 1416 GRIFFIN ROAD #37 LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEALL, ADELINE 2320 MISPAH AVENUE LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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09/09/04-80006-012 70.00

**DO NOT WRITE
IN THIS SPACE**

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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-7-04
Date

Daytime Phone #