

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009228

FILED  
Feb 25, 2009  
Secretary of State

Entity Name: DIVINE PROVIDENCE MINISTRIES, INC.

**Current Principal Place of Business:**

8888 SW SR 200  
OCALA, FL 34481

**New Principal Place of Business:**

8888 SW SR 200  
OCALA, FL 34482

**Current Mailing Address:**

8888 SW SR 200  
OCALA, FL 34481

**New Mailing Address:**

FEI Number: 02-0653385      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STEINER, LOIS J  
8820 SW SR 200  
SUITE F  
OCALA, FL 34481 US

**Name and Address of New Registered Agent:**

STEINER, LOIS J  
8820 SW SR 200  
OCALA, FL 34481 US

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:

02/25/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: STEINER, LOIS PRES  
Address: 8690 SW 108TH PLACE  
City-St-Zip: OCALA, FL 34481

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D ( ) Delete  
Name: O'DOHERTY, PATRICK J REV  
Address: 6455 STATE ROUTE 200  
City-St-Zip: OCALA, FL 34481

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

Title: D ( ) Delete  
Name: O'BRIEN, JOHN F  
Address: 10933 S.W. 89TH AVE.  
City-St-Zip: OCALA, FL 34481

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

Title: ST ( ) Delete  
Name: MCCURDY, BEATE  
Address: POB 772422  
City-St-Zip: OCALA, FL 34477

Title: ST (X) Change ( ) Addition  
Name: MCCURDY, BEATE  
Address: PO BOX 772422  
City-St-Zip: OCALA, FL 34477

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: SCHULZE, MICHELE A  
Address: 4512 NE 13TH STREET  
City-St-Zip: OCALA, FL 34470

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: BEATE MCCURDY

ST

02/25/2009

Electronic Signature of Signing Officer or Director

Date