

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

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

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

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

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

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

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