

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

09-30-2004 90011 047 ***61.25
N03000000666

DOCUMENT # N03000000666

1. Entity Name
ALLIANCE OF DIVINE LOVE, CHAPTER #891, INC.



Principal Place of Business
3827 RAEFORD RD.
ORLANDO, FL 32812

Mailing Address
3827 RAEFORD RD.
ORLANDO, FL 32812

FILED

04 OCT -4 AM 11: 02

SECRETARY OF STATE
TALLAHASSEE 54073614



08312004 Chg-NP CR2E037 (10/03)

4. FEN Number 54-0058972 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PAULSON, JULIE
4201 S. ORANGE AVE.
ORLANDO, FL 32806

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

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

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PVST	<input type="checkbox"/> Delete
NAME	DROBOT, DERWOOD L REV.	
STREET ADDRESS	3827 RAEFORD RD.	
CITY-ST-ZIP	ORLANDO, FL 32812	
TITLE	D	<input type="checkbox"/> Delete
NAME	PAULSON, JULIE	
STREET ADDRESS	4201 S. ORANGE AVE.	
CITY-ST-ZIP	ORLANDO, FL 32806	
TITLE	D	<input type="checkbox"/> Delete
NAME	TAFT, D.A. REV.	
STREET ADDRESS	145 S. ORLANDO AVE., STE. 8/PMB 315	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

Derwood

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 Reverend Derwood L Drobot 9/7/2004 4072402537
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4072402537