

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90299 026 \*\*\*\*61.25

**DOCUMENT # N03000003122**

1. Entity Name  
**DIVINE BLESSINGS MINISTRIES, INCORPORATED**



Principal Place of Business  
**439 LAKESHORE DRIVE  
DAYTONA BEACH, FL 32114**

Mailing Address  
**439 LAKESHORE DRIVE  
DAYTONA BEACH, FL 32114**

**50011601**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04052006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**30-0234651**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LASSITER, ANNETTE L  
439 LAKESHORE DRIVE  
DAYTONA BEACH, FL 32114**

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 May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete  
NAME LASSITER, ANNETTE L  
STREET ADDRESS 439 LAKESHORE DRIVE  
CITY-ST-ZIP DAYTONA BEACH, FL 32114

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☒ Delete  
NAME WILSON, ANITA  
STREET ADDRESS 7140 NW 15TH AVENUE  
CITY-ST-ZIP MIAMI, FL 33147

TITLE VP ☒ Change ☐ Addition  
NAME **Shawna D. Hester**  
STREET ADDRESS **6426 Diamond Leaf Drive**  
CITY-ST-ZIP **Jacksonville, FL 32244**

TITLE VP ☒ Delete  
NAME WILLIAMS, BARBARA A  
STREET ADDRESS 936 LORA STREET  
CITY-ST-ZIP DAYTONA BEACH, FL 32114

TITLE VP ☐ Change ☐ Addition  
NAME **Doris Sylvester**  
STREET ADDRESS **575 White Street**  
CITY-ST-ZIP **DB, FL 32114**

TITLE S ☐ Delete  
NAME WILLIAMS, YOLONDA C  
STREET ADDRESS 566 4TH STREET  
CITY-ST-ZIP HOLLY HIL, FL 32117

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME FORD, WENDY G  
STREET ADDRESS PO BOX 531  
CITY-ST-ZIP BUNNELL, FL 32110

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**04/11/06 (386) 453-0127**