

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 02, 2008 8:00 am**  
**Secretary of State**

06-02-2008 90002 009 \*\*\*\*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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/07)

Zip

Country

Zip

Country

4. FEI Number

30-0234651

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LASSITER, ANNETTE L  
439 LAKESHORE DRIVE  
DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

Name **ANNETTE L. LASSITER**

Street Address (P.O. Box Number is Not Acceptable)  
**921 LORA STREET**

City **Daytona Bch.**

City

FL

Zip Code

**32114**

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 of the current registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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

TITLE **VP** ☐ Delete  
NAME **HESTER, SHAWNA D**  
STREET ADDRESS **6426 DIAMOND LEAF DR**  
CITY- ST- ZIP **JACKSONVILLE FL 32244**

TITLE **VP** ☐ Delete  
NAME **SYLVESTER, DORIS**  
STREET ADDRESS **575 WHITE ST**  
CITY- ST- ZIP **DAYTONA BEACH FL 32114**

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME **Annette L. Lassiter**  
STREET ADDRESS **921 LORA ST**  
CITY- ST- ZIP **Daytona Bch, FL 32114**

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

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

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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 Section 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:

*Annette L. Lassiter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**05/12/08** **(386) 453-0127**  
Date Taxpayer Phone #