



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 02, 2007 8:00 am
Secretary of State

07-02-2007 90036 008 ****70.00

DOCUMENT # N03000004071 1. Entity Name DIVINE CHARITIES, INC.					
Principal Place of Business 12950 58TH ST N, SUITE 1 CLEARWATER, FL 33760				Mailing Address 12950 58TH ST N, SUITE 1 CLEARWATER, FL 33760	
2. Principal Place of Business - No P.O. Box # 15819 REDINGTON DRIVE Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 8772 Suite, Apt. #, etc.			
City & State REDINGTON BCH, FL Zip 33708		City & State MADEIRA BCH, FL Zip 33738		4. FEI Number 86-1062061 Applied For <input type="checkbox"/> Not Applicable	
Country PINELLAS		Country PINELLA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAWTHORNE, LYNNE M 12950 58TH ST N, SUITE 1 CLEARWATER, FL 33760 <i>address change only</i>				7. Name and Address of New Registered Agent Name LYNNE M. HAWTHORNE Street Address (P.O. Box Number is Not Acceptable) 15819 REDINGTON BEACH DRIVE City REDINGTON BEACH FL Zip Code 33708	
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 <u>same</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAWTHORNE, LYNNE M		NAME	HAWTHORNE, LYNNE M.	
STREET ADDRESS	12950 58TH ST N, SUITE 1		STREET ADDRESS	15819 REDINGTON DRIVE	
CITY-ST-ZIP	CLEARWATER, FL 33760		CITY-ST-ZIP	REDINGTON BEACH, FL 33708	
TITLE	VSTD	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAWTHORNE, WALTER J		NAME	CORMIER, C. BURTON	
STREET ADDRESS	15819 REDINGTON DR		STREET ADDRESS	16111 3RD ST. E	
CITY-ST-ZIP	REDINGTON BEACH, FL 33708		CITY-ST-ZIP	REDINGTON BEACH, FL 33708	
TITLE		<input type="checkbox"/> Delete	TITLE	VICE-PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	CORMIER, KATHRYN	
STREET ADDRESS			STREET ADDRESS	16111 3RD ST. E	
CITY-ST-ZIP			CITY-ST-ZIP	REDINGTON BEACH, FL 33708	
TITLE		<input type="checkbox"/> Delete	TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	TANGREDI, NANCY L.	
STREET ADDRESS			STREET ADDRESS	15812 2ND ST. E	
CITY-ST-ZIP			CITY-ST-ZIP	REDINGTON BEACH, FL 33708	
TITLE		<input type="checkbox"/> Delete	TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	ROFFIS, GAYLE	
STREET ADDRESS			STREET ADDRESS	16650 GULF BLVD	
CITY-ST-ZIP			CITY-ST-ZIP	N. REDINGTON BEACH, FL 33708	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Lynne M. Hawthorne</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>6-17-07</u> Daytime Phone # <u>727-319-8092</u>		