

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004071

FILED
May 02, 2008
Secretary of State

Entity Name: DIVINE CHARITIES, INC.

Current Principal Place of Business:

15819 REDINGTON DRIVE
REDINGTON BCH, FL 33708

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 86064
MADEIRA BCH, FL 33738

New Mailing Address:

FEI Number: 86-1062061 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HAWTHORNE, LYNNE M
15819 REDINGTON DRIVE
REDINGTON BEACH, FL 33708 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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HAWTHORNE, LYNNE M
Address: 15819 REDINGTON DRIVE
City-St-Zip: REDINGTON BEACH, FL 33708

Title: P () Delete
Name: BURTON, CORMIER C
Address: 16111 3RD ST E
City-St-Zip: REDINGTON BEACH, FL 33708

Title: VP () Delete
Name: CORMIER, KATHRYN
Address: 16111 3RD ST E
City-St-Zip: REDINGTON BEACH, FL 33708

Title: T () Delete
Name: TANGRED, NANCY L
Address: 15812 2ND ST E
City-St-Zip: REDINGTON BEACH, FL 33708

Title: S () Delete
Name: ROFFIS, GAYLE
Address: 16650 GULF BLVD
City-St-Zip: N. REDINGTON BEACH, FL 33708

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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LYNNE HAWTHORNE

EXEC

05/02/2008

Electronic Signature of Signing Officer or Director

_____ Date