

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007549

FILED
May 01, 2004
Secretary of State

Entity Name: DIVINE HEALING APOSTOLIC INTERNATIONAL CENTER, INC.

Current Principal Place of Business:

6810 NW 9 STREET
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

6810 NW 9 STREET
MARGATE, FL 33063

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOWE, CAROL S
6810 NW 9 STREET
MARGATE, FL 33063

Name and Address of New Registered Agent:

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: PD () Delete
Name: BOWE, CAROL S
Address: 6810 NW 9 STREET
City-St-Zip: MARGATE, FL 33063

Title: SD () Delete
Name: ROBERTSON, SHANDRA
Address: 5231 NW 12 COURT
City-St-Zip: LAUDERHILL, FL 33313

Title: TD () Delete
Name: LEE, MARTHA
Address: 3032 NW 4 COURT
City-St-Zip: POMPANO BEACH, FL 33069

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CAROL S. BOWE

PD

05/01/2004

Electronic Signature of Signing Officer or Director

Date