2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# N03000007549

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:

4686 PALOMAR AVENUE
FT. PIERCE, FL 34946

Current Mailing Address:

6810 NW 9 STREET
MARGATE, FL 33063

New Mailing Address:

P.O. BOX 13226
FT. PIERCE, FL 34979

FEI Number: 54-2120480 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

BOWE, CAROL S
P.O.BOX 13226
FT. PIERCE, FL 34979 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: CAROL S. BOWE 04/30/2005
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: PD (X) Change ( ) Addition
Name: BOWE, CAROL S
Address: P.O. BOX 13226
City-St-Zip: FT. PIERCE, FL 34979

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 04/30/2005
Electronic Signature of Signing Officer or Director Date