

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007847

FILED  
Sep 03, 2007  
Secretary of State

**Entity Name:** THE DIVINE TRANQUILITY HOUSE INC.

**Current Principal Place of Business:**

2494 SHIPROCK CT  
DELTONA, FL 32738

**New Principal Place of Business:**

**Current Mailing Address:**

2494 SHIPROCK CT  
DELTONA, FL 32738

**New Mailing Address:**

**FEI Number:** 32-0059672      **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:**

JENKINS, LAVELLE L  
2494 SHIPROCK CT  
DELTONA, FL 32738      US

**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: P      ( ) Delete  
Name: JENKINS, LAVELLE L  
Address: 2494 SHIPROCK CT  
City-St-Zip: DELTONA, FL 32738

Title: V      ( ) Delete  
Name: TUKES, ANGELA  
Address: 3066 LYNN HAVEN ST  
City-St-Zip: DELTONA, FL 32738

Title: T      ( ) Delete  
Name: JENKINS-ADSID, SONIA  
Address: 2521 GEORGIA AVE  
City-St-Zip: SANFORD, FL 32773

Title: S      ( ) Delete  
Name: PRINGLE, JAKARA C  
Address: 127 SCOTT DR  
City-St-Zip: SANFORD, FL 32771

Title: M      ( ) Delete  
Name: HARKNESS, FRANKIE  
Address: 2494 SHIPROCK CT.  
City-St-Zip: DELTONA, FL 32738

Title: M      ( ) Delete  
Name: HARVEY- LENT, VANESSA  
Address: 605 N. SIGROUT SR.  
City-St-Zip: DAYTONA BEACH, FL 32114

**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:

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: LAVELLE L. JENKINS

ED

09/03/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date