


FILED
Jun 01, 2005 8:00 am
Secretary of State

DOCUMENT # N04000000876			
1. Entity Name ALLIANCE OF DIVINE LOVE CHAPEL #1290, INC.			
Principal Place of Business 1920 S.W. 72ND STREET GAINESVILLE, FL 32607		Mailing Address 1920 S.W. 72ND STREET GAINESVILLE, FL 32607	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
WOODHULL, ANGELA 1920 S.W. 72ND STREET GAINESVILLE, FL 32607		Name Street Address City	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE: <i>Angela Woodhull</i>		(NOTE: Registered Agent signature required)	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD WOODHULL, ANGELA 1920 S.W. 72ND STREET GAINESVILLE, FL 32607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARMAN, ELIZABETH ANN 13980 N.W. HWY. 320 MIGANOPY, FL 32667 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WOODHULL, JENNIFER L 3216 HOLLIDAY AVENUE APOPKA, FL 32703 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST Lasaniere, Laurel 3216 Holliday Ave. Apopka, FL 32703 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 611 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 611, F.S., if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Angela V. Woodhull</i>		<i>Angela V. Woodhull</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

(352) 333-8588