## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 09, 2006 8:00 am Secretary of State

## DOCUMENT II NO 400000000

**DOCUMENT # N04000000876** 03-09-2006 90149 004 \*\*\*\*70.00 ALLIÁNCE OF DIVINE LOVE CHAPEL #1290, INC. Principal Place of Business Mailing Address 1920 S.W. 72ND STREET P.O. BOX 14423 GAINESVILLE, FL 32607 GAINESVILLE, FL 32604 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/05) City & State City & State Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WOODHULL, ANGELA 1920 S.W. 72ND STREET Street Address (P.O. Box Number is Not Acceptable) GAINESVILLE, FL 32607 City Zio Code 8. 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. I am familiar with, and accept the obligations of registered age SIGNATURE (NOTE: Registered Agent signature required when reinstating Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Due by May 1, 2006 Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PSTD TITLE ☐ Delete TITLE Change ☐ Addition WOODHULL, ANGELA NAME NAME STREET ADDRESS 1920 S.W. 72ND STREET STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL 32607 CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition LASANIERE, LAUREL NAME NAME STREET ADDRESS 3216 HOLLIDAY AVE STREET ADDRESS APOPKA, FL 32703 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change Addition WOODHULL, JENNIFER L NAME STREET ADDRESS 3216 HOLLIDAY AVENUE STREET ADDRESS CITY-ST-ZIP APOPKA, FL 32703 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

335000 /

ATTACHMENT 40026923 All lane of Drine Love 1290 annual report....61.25 Certificate of Status. ... 8.75 ENCLOSED TOTAL \$70.00 Mease send certificate of states ADL # 1290 P.O. Box 14423 Gainesville, FC 32604-2423 Pagak You, Ageli Wordhuu