

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002410

FILED
Jun 29, 2005
Secretary of State

Entity Name: DIVINE HEALTH MINISTRY, INC.

Current Principal Place of Business:

1908 BOOTHE CIRCLE
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

1908 BOOTHE CIRCLE
LONGWOOD, FL 32750

New Mailing Address:

FEI Number: 20-0895295 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

Name and Address of New Registered Agent:

COLBERT, MARY
1908 BOOTHE CIRCLE
LONGWOOD, FL 32750 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COLBERT, DONALD JR
Address: 1908 BOOTHE CIRCLE
City-St-Zip: LONGWOOD, FL 32750

Title: D () Delete
Name: COLBERT, MARY
Address: 1908 BOOTHE CIRCLE
City-St-Zip: LONGWOOD, FL 32750

Title: D () Delete
Name: COLBERT, KYLE
Address: 1165 BRAMPTON PLACE
City-St-Zip: HEATHROW, FL 32746

Title: D () Delete
Name: MCCLURE, ED
Address: P.O. BOX 340
City-St-Zip: BOERNE, TX 78006

Title: D () Delete
Name: BRACO, LYNN PASTOR
Address: 8897 CROWN COLONY BLVD.
City-St-Zip: FT. MYERS, FL 33908

Title: D () Delete
Name: SCHERMANN, ROXANNE
Address: 1048 SEASONS RIDGE CT
City-St-Zip: FENTON, MO 63026

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 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: MARY COLBERT

D

06/29/2005

Electronic Signature of Signing Officer or Director

Date