

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002410

FILED
Feb 14, 2012
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 ()

Name and Address of Current Registered Agent:

COLBERT, MARY
1908 BOOTHE CIRCLE
LONGWOOD, FL 32750 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: D
Name: COLBERT, DONALD JR
Address: 1908 BOOTHE CIRCLE
City-St-Zip: LONGWOOD, FL 32750

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: DONALD COLBERT

D

02/14/2012

Electronic Signature of Signing Officer or Director

Date