


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N04000004259</b>	
1. Entity Name <b>DIVINE FOCUSED MINISTRIES, INC.</b>	

Principal Place of Business <b>7192 BLAIR DRIVE ORLANDO, FL 32818</b>	Mailing Address <b>PO BOX 783361 WINTER GARDEN, FL 34778-3361</b>
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04142008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-111733</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>DOZIER, ALFONZA 328 WINDFORD CT WINTER GARDEN, FL 34787</b>
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**DO NOT WRITE IN THIS SPACE**

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 agent.

SIGNATURE: *Alfonza Dozier Treasurer* DATE: *April 14, 2008*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOZIER, RANDY 7192 BLAIR DRIVE ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DOZIER, JENNETTE 7192 BLAIR DRIVE ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC DOZIER, CORA 14944 COCHESTER STREET WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA DOZIER, ALFONZO 328 WINDFORD COURT WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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05/18/08-80033-008 70.00

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 or 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: *Alfonza Dozier Treasurer* DATE: *April 14, 2008*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR