2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2009
Secretary of State

DOCUMENT# N04000004259

Entity Name: DIVINE FOCUSED MINISTRIES, INC.

Current Principal Place of Business:

7192 BLAIR DRIVE
ORLANDO, FL 32818

New Principal Place of Business:

Current Mailing Address:

PO BOX 783361
WINTER GARDEN, FL 347783361

New Mailing Address:

FEI Number: 20-1111733 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DOZIER, ALFONZA
328 WINDFORD CT
WINTER GARDEN, FL 34787 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: P ( ) Delete
Name: DOZIER, RANDY
Address: 7192 BLAIR DRIVE
City-St-Zip: ORLANDO, FL 32818

Title: V ( ) Delete
Name: DOZIER, JENNETTE
Address: 7192 BLAIR DRIVE
City-St-Zip: ORLANDO, FL 32818

Title: SEC ( ) Delete
Name: DOZIER, CORA
Address: 14944 COCHESTER STREET
City-St-Zip: WINTER GARDEN, FL 34787

Title: TREA ( ) Delete
Name: DOZIER, ALFONZO
Address: 328 WINDFORD COURT
City-St-Zip: WINTER GARDEN, FL 34787

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SEC (X) Change ( ) Addition
Name: DOZIER, CORA
Address: 202 BLUE WATER EDGE DRIVE
City-St-Zip: EUSTIS, FL 32736

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ALFONZA DOZIER TREA 03/18/2009

Electronic Signature of Signing Officer or Director — Date