

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001588

FILED
Apr 15, 2006
Secretary of State

Entity Name: DIVINE DESTINY DELIVERANCE CENTER, INC.

Current Principal Place of Business:

302 NW GERSON LANE LOT #11
LAKE CITY, FL 32055

New Principal Place of Business:

Current Mailing Address:

302 NW GERSON LANE LOT #11
LAKE CITY, FL 32055

New Mailing Address:

FEI Number: 30-0284246

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEE-HOWELL, MICHAELENA
302 NW GERSON LANE LOT #11
LAKE CITY, FL 32055 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: HOWELL, CHARLES W
Address: 302 NW GERSON LANE LOT #11
City-St-Zip: LAKE CITY, FL 32055

Title: T () Delete
Name: HOWELL, MICHAELENA L
Address: 302 NW GERSON LANE LOT #11
City-St-Zip: LAKE CITY, FL 32055

Title: S () Delete
Name: HERNANDEZ, APRIL
Address: 119 NE MAXWELL GLEN
City-St-Zip: LAKE CITY, FL 32055

Title: V () Delete
Name: RAINEY, ALLEN
Address: 13909 SE 51 COURT
City-St-Zip: SUMMERFIELD, FL 34491

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: HERRING, ANGELA
Address: 710 S.W. SYMPHONY LOOP #304
City-St-Zip: LAKE CITY, FL 32025

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 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: MICHAELENA LEE-HOWELL

T

04/15/2006

Electronic Signature of Signing Officer or Director

Date