


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2007 8:00 am
Secretary of State

08-27-2007 90031 050 ****61.25

DOCUMENT # N05000001588 1. Entity Name DIVINE DESTINY DELIVERANCE CENTER, INC.					
Principal Place of Business 302 NW GERSON LANE LOT #11 LAKE CITY, FL 32055			Mailing Address 302 NW GERSON LANE LOT #11 LAKE CITY, FL 32055		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 30-0284246				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEE-HOWELL, MICHAELINA 302 NW GERSON LANE LOT #11 LAKE CITY, FL 32055			7. Name and Address of New Registered Agent Name <u>Michaelena Lee</u> Street Address (P.O. Box Number is Not Acceptable) <u>302 N.W. Gerson Lane Lot #11</u> City <u>Lake City</u> <u>FL</u> Zip Code <u>32055</u>		
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 <u>Michaelena Lee</u> <u>Michaelena Lee (RA)</u> <u>August 23, 2007</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOWELL, CHARLES W 302 NW GERSON LANE LOT #11 LAKE CITY, FL 32055 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>Michaelena Lee</u> <u>302 N.W. Gerson Lane Lot #11</u> <u>Lake City, FL 32055</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOWELL, MICHAELINA L 302 NW GERSON LANE LOT #11 LAKE CITY, FL 32055 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HERRING, ANGELA 710 S.W. SYMPHONY LOOP #304 LAKE CITY, FL 32025 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RAINEY, ALLEN 13909 SE 51 COURT SUMMERFIELD, FL 34491 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 another like empowered.					
SIGNATURE: <u>Michaelena Lee</u> <u>Michaelena Lee (PD)</u> <u>8-23-07</u> <u>386-466-9738</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					