

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002818

FILED
Apr 24, 2009
Secretary of State

Entity Name: DIVINE ENRICHMENT CENTER, INC.

Current Principal Place of Business:

2922 DUNHILL CIRCLE
LAKE LAND, FL 33810

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 412
HIGHLAND CITY, FL 33846

New Mailing Address:

FEI Number: 51-0540377

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRUMMER, DAVID N
2922 DUNHILL CIRCLE
LAKE LAND, FL 33810 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: PD () Delete
Name: CRUMMER, DAVID N
Address: 2922 DUNHILL CIRCLE
City-St-Zip: LAKE LAND, FL 33810

Title: VD () Delete
Name: CRUMMER, KATHRINA
Address: 2922 DUNHILL CIRCLE
City-St-Zip: LAKE LAND, FL 33810

Title: SD () Delete
Name: MITHCHELL, WILLIEMAE
Address: 2922 DUNHILL CIRCLE
City-St-Zip: LAKE LAND, FL 33810

Title: TD () Delete
Name: JAMES, NORMAN
Address: 2922 DUNHILL CIRCLE
City-St-Zip: LAKE LAND, FL 33810

Title: TRUS () Delete
Name: DOUGLAS, SANDRA
Address: 2922 DUNHILL CIRCLE
City-St-Zip: LAKE LAND, FL 33810

Title: TRUS () Delete
Name: SUMMERLIN, ADRIANNA
Address: 2922 DUNHILL CIRCLE
City-St-Zip: LAKE LAND, FL 33810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: DAVID CRUMMER

PRES

04/24/2009

Electronic Signature of Signing Officer or Director

Date