

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90018 023 ****61.25

DOCUMENT # N05000003384

1. Entity Name
NEW DIVINE APOSTOLIC MINISTRY OF FORT
LAUDERDALE, INC.



Principal Place of Business
2710 W. OAKLAND PARK BOULEVARD
SUITE 26
OAKLAND PARK, FL 33311

Mailing Address
5098 NW 43RD CT
LAUDERDALE LAKES, FL 33319

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

03052008

Chg-NP

CR2E037 (12/06)

4. FEI Number
20-2628582

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOGBO, CHUCK
2800 W. OAKLAND PARK BOULEVARD
SUITE 209
OAKLAND PARK, FL 33311

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
GUNTER, CLARENCE
1030 LOCUST AVENUE N.W.
PALM BAY, FL 32907 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
GUNTER, BERNICE
1030 LOCUST AVENUE N.W.
PALM BAY, FL 32907 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
HENRY, DANIEL
2797 S. OAKLAND FOREST DRIVE, #303
OAKLAND PARK, FL 33309 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
RICKETTS, JANETTE
5098 NW 43RD COURT
LAUDERDALE LAKES, FL 33319 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 to my address, with all other like empowered.

SIGNATURE:

J. Ricketts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/08

Date

Daytime Phone #