

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006108

FILED  
May 07, 2008  
Secretary of State

**Entity Name:** DIVINE FELLOWSHIP OUTREACH MINISTRY INC.

**Current Principal Place of Business:**

3921 N. E. 4 AVENUE  
POMPAÑO BEACH, FL 33064 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 5992  
LIGHTHOUSE POINT, FL 33074 US

**New Mailing Address:**

**FEI Number:** 59-3806289 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

ROBINSON, SHELDON SR  
3921 N. E. 4 AVENUE  
POMPAÑO BEACH, FL 33064 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: ROBINSON, SHELDON M SR  
Address: P.O. BOX 5992  
City-St-Zip: LIGHTHOUSE POINT, FL 33074 US

Title: MD ( ) Delete  
Name: ROBINSON, YOLANDA L  
Address: 3921 NE 4TH AVE  
City-St-Zip: POMPAÑO BEACH, FL 33064

Title: T ( ) Delete  
Name: JORDAN, CALVIN  
Address: 372 NW 16TH CT  
City-St-Zip: POMPAÑO BEACH, FL 33060

Title: T ( ) Delete  
Name: JONES, GREG  
Address: 1620 NW 1ST TERRACE  
City-St-Zip: POMPAÑO BEACH, FL 33060

Title: S ( ) Delete  
Name: PHILLIPS, DEIDRE O  
Address: 551 NW 17TH ST  
City-St-Zip: POMPAÑO BEACH, FL 33060

**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:

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: SHELDON M. ROBINSON SR.

P

05/07/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date