## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000007983

FILED Aug 07, 2007 Secretary of State

Entity Name: DIVINE MINISTRY OF NORTH FLORIDA, INC.

**Current Principal Place of Business: New Principal Place of Business:** 3924 NW 38TH PLACE GAINESVILLE, FL 32606 **Current Mailing Address: New Mailing Address:** 3924 NW 38TH PLACE PO BOX 5668 GAINESVILLE, FL 32627 GAINESVILLE, FL 32606 FFI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) 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: Name and Address of New Registered Agent: A1A REGISTERED AGENT INC. 92 SADBERRY RD QUINCY, FL 32351 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DCEO () Change () Addition () Delete EDWARDS, ANNTWANIQUE Name: Name: 3924 NW 38TH PLACE Address: Address: City-St-Zip: GAINESVILLE, FL 32606 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition Name: SAVAGE, LORENZO II Name: SAVAGE, LORENZO II Address: 1910 SW 42ND WAY APT E Address: 1536 GARDNER DR City-St-Zip: GAINESVILLE, FL 32607 City-St-Zip: LUTZ, FL 33559 Title: () Delete Title: () Change () Addition DURANT, MICHELLE Name: Name: 1708 NE 15TH TERRACE Address: Address: City-St-Zip: GAINESVILLE, FL 32609 City-St-Zip: Title: DS ( ) Delete Title: () Change () Addition Name: JACKSON, JENNIFER Name: Address: 930 NE 23RD AVE APT B Address: City-St-Zip: GAINESVILLE, FL 32609 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition WILLIAMS, IANA WILLIAMS, IANA Name: Name: 2250 NE 12TH AVE 1910 FARM WAY Address: Address: City-St-Zip: GAINESVILLE, FL 32641 City-St-Zip: MIDDLEBURG, FL 32068

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: ANNTWANIQUE EDWARDS **DCEO** 08/07/2007