

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009569

FILED
Apr 19, 2008
Secretary of State

Entity Name: DIVINE CHRISTIAN WOMEN FELLOWSHIP MINISTRIES, INC.

Current Principal Place of Business:

1724 DESAIX AVE.
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 106
QUINCY, FL 323530106

New Mailing Address:

FEI Number: 02-0752378

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREEN, DIANE D
1724 DESAIX AVE.
TALLAHASSEE, FL 32303 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: GREEN, DIANE D
Address: 1724 DESAIX AVE.
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: ELLIS, VARARIE
Address: 2525 NW 162ND ST.
City-St-Zip: OPA-LOCKA, FL 33054

Title: D () Delete
Name: CHISLUM, LINDA
Address: 825 SW 9TH ST.
City-St-Zip: HALLANDALE, FL 33009

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:

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: DIANE D. GREEN

PRES

04/19/2008

Electronic Signature of Signing Officer or Director

Date