## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000009856

Entity Name: DIVINE REVELATION INC.

FILED Jan 05, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

524 DIJON DRIVE MELBOURNE, FL 32935

Current Mailing Address: New Mailing Address:

524 DIJON DRIVE MELBOURNE, FL 32935

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

BAXTER, MARY KATHRINE 524 DIJON DRIVE MELBOURNE, FL 32935 US

**OFFICERS AND DIRECTORS:** 

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:

Name:

Address:

City-St-Zip:

Electronic Signature of Registered Agent Date

## Electronic elginatare of registers

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P ( ) Delete
 Title:
 PRES (X) Change ( ) Addition

 Name:
 BAXTER, MARY KATHRINE
 Name:
 BAXTER, MARY KATHRINE

 Address:
 524 DIJON DRIVE
 Address:
 524 DIJON DRIVE

 City-St-Zip:
 MELBOURNE, FL 32935
 City-St-Zip:
 MELBOURNE, FL 32935

Title: SEC ( ) Delete Title: SEC (X) Change ( ) Addition
Name: PALACIOS, KIMBERLY S Name: BAXTER, KIMBERLY A
Address: 3290 MOODM/IND ART #202

 Address:
 2380 WOODWIND APT.#202
 Address:
 2602 ST. MICHEL AVE.

 City-St-Zip:
 MELBOURNE, FL 32935
 City-St-Zip:
 MELBOURNE, FL 32935

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition

 Name:
 SISCO, TERESA K
 Name:
 BAXTER, ROY S

 Address:
 524 DIJON DRIVE
 Address:
 2602 ST. MICHEL AVE.

 City-St-Zip:
 MELBOURNE, FL 32935
 City-St-Zip:
 MELBOURNE, FL 32935

Title: ASEC (X) Delete Title: ( ) Change ( ) Addition

| BAXTER, KIMBERLY A | Name: 2602 ST. MICHEL | Address: | MELBOURNE, FL 32935 | 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: MARY K. BAXTER PRES 01/05/2008