

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004361

FILED
Mar 29, 2009
Secretary of State

Entity Name: DIVINE DIRECTIONS LIFE TRANSITION MINISTRY, INC.

Current Principal Place of Business:

1480 SW 9TH AVE
FT LAUDERDALE, FL 333151375

New Principal Place of Business:

Current Mailing Address:

PO BOX 8536
FT LAUDERDALE, FL 33310

New Mailing Address:

PO BOX 101386
FT LAUDERDALE, FL 33310

FEI Number: 20-4946752

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KING, SANDRA PASTOR
1480 SW 9TH AVE
FT LAUDERDALE, FL 333151375 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: KING, SANDRA PASTOR
Address: 1480 SW 9TH AVE
City-St-Zip: FT LAUDERDALE, FL 333151375

Title: D () Delete
Name: SHARP, KEITHA
Address: 1480 SW 9TH AVE
City-St-Zip: FT LAUDERDALE, FL 333151375

Title: D () Delete
Name: BANKS, DARRYL
Address: 1480 SW 9TH AVE
City-St-Zip: FT LAUDERDALE, FL 333151375

Title: D () Delete
Name: BURNEY, COLLETTE
Address: 1480 SW 9TH AVE
City-St-Zip: FT LAUDERDALE, FL 333151375

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:

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: SANDRA KING

DIR

03/29/2009

Electronic Signature of Signing Officer or Director

Date