

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Jan 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N06000005881**

1. Entity Name  
**DIVINE FAMILY WORSHIP CENTER, INC.**



Principal Place of Business

**330 ROBERTSON ST  
BRANDON, FL 33511**

Mailing Address

**P O BOX 43  
VALRICO, FL 33594**



01152007 No Chg-NP

CR2E037 (4/06)

4. FEI Number

**36-4559791**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

## 6. Name and Address of Current Registered Agent

**COOPER, SUKANDRA L  
2024 HERITAGE CREST DR  
VALRICO, FL 33594**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Sukendra L. Cooper* **Sukendra L. Cooper Admin Asst. 1/18/07**

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
COOPER, KING D III  
2024 HERITAGE CREST DR  
VALRICO, FL 33594**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
COOPER, SUKANDRA L  
2024 HERITAGE CREST DR  
VALRICO, FL 33594**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MCKENZIE, DARWIN  
504-H CAMINO REAL CT  
BRANDON, FL 33510**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
THOMPkins, EARL  
3206 PINELLAS ST  
TAMPA, FL 33619**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
GRANT, QUILTONYA C  
2812 HAMPTON PLACE  
PLANT CITY, FL 33566**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
THOMPkins, DARLENE  
3206 PINELLAS ST  
TAMPA, FL 33619**

U000000605575  
01/30/07-80041-014 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Sukendra L. Cooper* **Sukendra L. Cooper 1/18/07 (813) 643-8989**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #