


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 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
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DO NOT WRITE IN THIS SPACE

01082008 No Chg-NP CR2E037 (4/06)

4. FEI Number 36-4559791	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

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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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000784317 01/16/08-80050-012 70.00
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10. OFFICERS AND DIRECTORS

TITLE	D
NAME	COOPER, KING D III
STREET ADDRESS	2024 HERITAGE CREST DR
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	D
NAME	COOPER, SUKANDRA L
STREET ADDRESS	2024 HERITAGE CREST DR
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	D
NAME	MCKENZIE, DARWIN
STREET ADDRESS	504-H CAMINO REAL CT
CITY-ST-ZIP	BRANDON, FL 33510
TITLE	D
NAME	THOMPkins, EARL
STREET ADDRESS	3206 PINELLAS ST
CITY-ST-ZIP	TAMPA, FL 33619
TITLE	D
NAME	GRANT, QUILTONYA C
STREET ADDRESS	2812 HAMPTON PLACE
CITY-ST-ZIP	PLANT CITY, FL 33566
TITLE	D
NAME	THOMPkins, DARLENE
STREET ADDRESS	3206 PINELLAS ST
CITY-ST-ZIP	TAMPA, FL 33619

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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: Sukandra L. Cooper **Sukandra L. Cooper** (813) 653-3100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #