2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007391

FILED Apr 15, 2008 Secretary of State

Entity Name: ALLIANCE OF DIVINE LOVE CHAPEL #1507 INC. **Current Principal Place of Business: New Principal Place of Business:** 10230 RED BARN RD MOORE HAVEN, FL 33471 **Current Mailing Address: New Mailing Address:** 10230 RED BARN RD MOORE HAVEN, FL 33471 FEI Number: 41-2205041 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: UNITED STATES CORPORATION AGENTS INC 13302 WINDING OAKS BLVD SUITE A-100 TAMPA, FL 336123425 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete GAVIN CATHERINE REV GAVIN, CATHERINE REV Name: Name: 917 W PERRY STREET Address: 10230 RED BARN ROAD NW Address: City-St-Zip: LANTANA, FL 33462 City-St-Zip: MOORE HAVEN, FL 33471 Title: () Delete Title: () Change () Addition GRAETHER, EDWARD Name: Name: Address: 917 W PERRY STREET Address: City-St-Zip: LANTANA, FL 33462 City-St-Zip: Title: () Delete Title: (X) Change () Addition GAVIN, KEITH Name: GAVIN, KEITH Name: 917 W PERRY STREET 10230 RED BARN ROAD NW Address: Address: City-St-Zip: LANTANA, FL 33462 City-St-Zip: MOORE HAVEN, FL 33471 Title: () Delete Title: () Change () Addition STEPHAN, KRIS Name: Name: Address: 917 W PERRY STREET Address: City-St-Zip: LANTANA, FL 33462 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: CATHERINE GAVIN D 04/15/2008