2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2009
Secretary of State

DOCUMENT# N06000007391

Entity Name: ALLIANCE OF DIVINE LOVE CHAPEL #1507 INC.

Current Principal Place of Business:

10230 RED BARN RD
MOORE HAVEN, FL 33471

New Principal Place of Business:

Current Mailing Address:

10230 RED BARN RD
MOORE HAVEN, FL 33471

New Mailing Address:

FEI Number: 41-2205041 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS INC
13302 WINDING OAKS BLVD
SUITE A-100
TAMPA, FL 336123425 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: D ( ) Delete
Name: GAVIN, CATHERINE REV
Address: 10230 RED BARN ROAD NW
City-St-Zip: MOORE HAVEN, FL 33471

Title: D ( ) Delete
Name: GRAETHER, EDWARD
Address: 917 W PERRY STREET
City-St-Zip: LANTANA, FL 33462

Title: D ( ) Delete
Name: GAVIN, KEITH
Address: 10230 RED BARN ROAD NW
City-St-Zip: MOORE HAVEN, FL 33471

Title: D ( ) Delete
Name: STEPHAN, KRIS
Address: 917 W PERRY STREET
City-St-Zip: LANTANA, FL 33462

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: CATHERINE GAVIN PRES 01/17/2009

Electronic Signature of Signing Officer or Director — Date