

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008285

FILED
Sep 04, 2007
Secretary of State

Entity Name: DIVINE WOMEN, INC. OF ORLANDO

Current Principal Place of Business:

6208 ARDENWOOD CT.
ORLANDO, FL

New Principal Place of Business:

Current Mailing Address:

6208 ARDENWOOD CT.
ORLANDO, FL

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WRIGHT, SHARON
4513 CEPEDA ST.
ORLANDO, FL 32811 US

Name and Address of New Registered Agent:

WRIGHT, SHARON
4513 CEPEDA ST.
ORLANDO, FL 32811 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:

09/04/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WRIGHT, SHARON
Address: 4513 CEPEDA ST.
City-St-Zip: ORLANDO, FL 32811

Title: V () Delete
Name: WILLIAMS, BELINDA
Address: 6208 ARDENWOOD CT.
City-St-Zip: ORLANDO, FL 32808

Title: S () Delete
Name: JONES, DEBRA
Address: 4611 MIRANDA CIR
City-St-Zip: ORLANDO, FL 32818

Title: T () Delete
Name: MACK, ANGELA
Address: 4917 REGIONALD RD.
City-St-Zip: ORLANDO, FL 32829

Title: D () Delete
Name: WILLIAMS, BEINTA
Address: 4739 CEDARVIEW RD.
City-St-Zip: ORLANDO, FL 32808

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: C (X) Change () Addition
Name: WILLIAMS, BEINTA
Address: 4739 CEDARVIEW RD.
City-St-Zip: ORLANDO, FL 32808

Title: D () Change (X) Addition
Name: MOORE, MONICA
Address: 1872 HORNE AVE.
City-St-Zip: ORLANDO, FL 32811 FL

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: BELINDA C. WILLIAMS

V

09/04/2007

Electronic Signature of Signing Officer or Director

Date