

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000013052

FILED
Jul 05, 2007
Secretary of State

Entity Name: ALLIANCE OF DIVINE LOVE - CHAPEL 1566, INC.

Current Principal Place of Business:

43 SOMERSET C
WEST PALM BEACH, FL 33417

New Principal Place of Business:

Current Mailing Address:

43 SOMERSET C
WEST PALM BEACH, FL 33417

New Mailing Address:

FEI Number: 20-8095686 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **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:

YACOB, PATRICIA REV.
43 SOMERSET C
WEST PALM BEACH, FL 33417 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: P () Delete
Name: YACOB, PATRICIA REV.
Address: 43 SOMERSET C
City-St-Zip: WEST PALM BEACH, FL 33417

Title: VP () Delete
Name: BARBARA, JOHNSON
Address: 141 NORTHAMPTON G
City-St-Zip: WEST PALM BEACH, FL 33417

Title: T () Delete
Name: TRUBINSKI, DOLORES
Address: 818 HIDDEN CAVEN RD.
City-St-Zip: MADISON, WI 53717

Title: S () Delete
Name: EDER, JEAN
Address: 100 DOOLEN CT. APT. 102A
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: B () Delete
Name: POTENZO, MILDRED
Address: 8900 SE 168TH SEDGWICK PL.
City-St-Zip: THE VILLAGES, FL 32962

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: () 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: PATRICIA YACOB

P

07/05/2007

Electronic Signature of Signing Officer or Director

Date