## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000011167

Entity Name: DIVINE PRESENCE CHURCH, INC.

FILED Apr 30, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 8421 SOUTH ORANGE BLOSSOM TRAIL 3918 BROOKMYRA DRIVE ORLANDO, FL 32837 SUITE 222 ORLANDO, FL 32809 **New Mailing Address: Current Mailing Address:** 3918 BROOKMYRA DRIVE ORLANDO, FL 32837 FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ALEVATO, MARCO A REV. 3918 BROOKMYRA DRIVE ORLANDO, FL 32837 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: () Delete () Change () Addition ALEVATO, MARCO A REV. Name: Name: 3918 BROOKMYRA DRIVE Address: Address: City-St-Zip: ORLANDO, FL 32837 US City-St-Zip: Title: () Delete Title: () Change () Addition ALEVATO, LILIAN T Name: Name: Address: 3918 BROOKMYRA DRIVE Address: City-St-Zip: ORLANDO, FL 32837 US City-St-Zip: Title: VP/T (X) Delete Title: () Change () Addition WATZKO, ADRIANO J Name: Name: Address: 401 CAINES ST. Address: City-St-Zip: ORLANDO, FL 32824 US City-St-Zip: Title: (X) Delete Title: () Change () Addition Name: WATZKO, ELIZETE M Name: 401 CAINES ST. Address: Address: City-St-Zip: ORLANDO, FL 32824 US City-St-Zip: Title: (X) Delete Title: () Change () Addition RAMOS, DELAINE Name: Name: 5479 VINELAND ROAD - APT.9105 Address: Address: City-St-Zip: ORLANDO, FL 32811 US City-St-Zip: Title: (X) Delete Title: () Change () Addition DIAZ DENISE Name: Name: Address: 4668 CASON COVE DRIVE- APT. 216 Address: ORLANDO, FL 32811 US City-St-Zip: 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: ALEVATO P 04/30/2009