

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000009484

FILED  
May 01, 2012  
Secretary of State

**Entity Name:** DIVINE RECONSTRUCTION MINISTRIES, INC.

**Current Principal Place of Business:**

4986 MATTYDALE DRIVE  
TALLAHASSEE, FL 32311

**New Principal Place of Business:**

**Current Mailing Address:**

3539 APALACHEE PARKWAY, SUITE 2, #164  
TALLAHASSEE, FL 32311

**New Mailing Address:**

4986 MATTYDALE DRIVE  
TALLAHASSEE, FL 32311

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MINOR-FLOYD, PATRICE J  
3539 APALACHEE PARKWAY, SUITE 2, #164  
TALLAHASSEE, FL 32311 US

**Name and Address of New Registered Agent:**

MINOR-FLOYD, PATRICE J  
4986 MATTYDALE DRIVE  
TALLAHASSEE, FL 32311 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: PATRICE MINOR-FLOYD

05/01/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MINOR-FLOYD, PATRICE J  
Address: 4986 MATTYDALE DRIVE  
City-St-Zip: TALLAHASSEE, FL 32311

Title: VP  
Name: FLOYD, AMANI S  
Address: 4986 MATTYDALE DRIVE  
City-St-Zip: TALLAHASSEE, FL 32311

Title: S  
Name: JAMES, SHARON  
Address: 4986 MATTYDALE DRIVE  
City-St-Zip: TALLAHASSEE, FL 32311

I hereby 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 all other like empowered.

SIGNATURE: PATRICE MINOR-FLOYD

P

05/01/2012

Electronic Signature of Signing Officer or Director

Date