

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90089 025 ****61.25

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DOCUMENT # N36479

1. Corporation Name

DIVINE LIGHT MINISTRY, INC.

Principal Place of Business
P.O. BOX 15003
PANAMA CITY FL 32406

Mailing Address
P.O. BOX 15003
PANAMA CITY FL 32406



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/31/1990	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2986469	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country		

9. Name and Address of Current Registered Agent

VINING, PATRICIA ANN
1528-C ARTHUR AVE.
PANAMA CITY FL 32405

10. Name and Address of New Registered Agent

81	Name	VINING, PATRICIA ANN	
82	Street Address (P.O. Box Number is Not Acceptable)	8258 JAMES STREET	
83			
84	City	PANAMA CITY	FL
85	Zip Code	32404	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Patricia Ann Vining **REU PATRICIA ANN VINING** 1/7/99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TMT <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VINING, PATRICIA ANN	1.2 NAME	
STREET ADDRESS	1528-C ARTHUR AVE.	1.3 STREET ADDRESS	8258 JAMES STREET
CITY-ST-ZIP	PANAMA CITY FL	1.4 CITY-ST-ZIP	PANAMA CITY, FL 32404
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAREMBA, VICTOR	2.2 NAME	
STREET ADDRESS	2360 BAYVIEW AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32405	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM MCMILLIAM	3.2 NAME	
STREET ADDRESS	P.O. BOX 16182	3.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32406	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITSITT, RICHARD	4.2 NAME	
STREET ADDRESS	2454 PRETTY BAYOU BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32405	4.4 CITY-ST-ZIP	
TITLE	TS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOREMAN, MARIANNE	5.2 NAME	
STREET ADDRESS	923 S JAN DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32404	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITSITT, MARGORIE	6.2 NAME	
STREET ADDRESS	1522-C ARTHUR AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32405	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Patricia Ann Vining **PATRICIA ANN VINING** 1/7/99 (850) 874-8700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)