## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N93000004282 (0)

## **FILED** Feb 03 1998 8:00am Secretary of State

DIVINE LOVE IMMISTRY, INC.												
Principal Place of Business				Mailing Address						i romassiær dim edram antis mæitt dusti Rutil dessa ki		
104 SW 24 AVE FT LAUDERDALE FL 33312				104 SW 24 AVE FT LAUDERDALE FL 33312				•		Date Incorporated or Qualified 09/22/1993 FEI Number	At	oplied For
										65-0441424	<del></del>	ot Applicable
2. Principal Pi	Mailing Address	ailing Address				_	Certificate of Status Desired	\$8.75	Additional			
21				26					٠.	Certificate of Status Desired	Fee R	equired
Suite, Apt. #, etc.				Suite, Apt. #, etc.					1	Election Campaign Financing Trust Fund Contribution	<b>\$5.00</b> Added to	
City & State				City & State					7. Is this nonprofit corporation a homeowners association?			
23			28						Yes No			
Zip	Country			<u>⊢</u> , ' <del>⊢</del> ,			Country			This corporation owes or has paid the cu		
24	9. Name and Address of Curre			29 30						Personal Property Tax due June 30.  Name and Address of New Registered		_l No
	9. Name a	no Address of Curren	t negis	itered Agent		- 8	1	Name	10.	Name and Address of New Registered	Agent	
	1401 40511	D. T										
CALNEK-MCLAREN, PAT							2	Street Addres	ss (P.O. Box Number is Not Acceptable)			
104 SW 24 AVE FT LAUDERDALE FL 33312						83					•	<del></del>
ri DAUD	JENUALE FL	33312				L	1	•				0-4-
							4	City		FL	.     '	Code
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												
Signature, typed or printed name of registered agent and title if applicable. (NOTE: R  12. OFFICERS AND DIRECTORS							egistered Agent signature requ			reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 12
TITLE	D	OFFICERS AIN	) DIRE	DELETE		1.1 TITLE				ADDITIONO/OFFANGED TO OFF TOLLIO AND	Change	Addition
NAME	_	N-ORR, WILDORF E				1.2 NAM						
STREET ADDRESS		07 LN #206			l l			DDRESS				
City-St-zip	MIAMI FL					1.4 CITY	-ST-	-ZIP				
TITLE	D			DELETE		2.1 TITLE	:				Change	☐ Addition
NAME	GOODISO	N-ORR, MARJORIE	E				2.2 NAME					
STREET ADDRESS	841 NE 20	07 LN #206					2.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL	33179					2. 4 CITY-ST-ZIP					
TITLE	D			DELETE		3.1 TITLE					Change	Addition
NAME		ACLAREN, PAT				3.2 NAM	E					
STREET ADDRESS	104 SW 2					3,3 STRE						
CiTY-ST-ZiP	FT LAUDE	RDALE FL 33312		T DELETE		3.4. CITY	-	- ZIP			☐ Change	Addition
TITLE				☐ DELETE		4.1 TITLE					Grange	
NAME						4. 2 NAM		DODECC				
STREET ADDRESS						4.3 STRE		I				
CITY-ST-ZIP				DELETE		5.1 TITU		- 4IF			Change	☐ Addition
NAME				<b>—</b>		5.2 NAM					_	
STREET ADDRESS						5.3 STRE		ADDRESS				
CITY-ST-ZIP						5.4 CITY						
TITLE				DELETE		6.1 TITLE					Change	Addition
NAME						6.2 NAM	Ę					
STREET ADDRESS						6.3 STRE	ET A	DORESS		1		
CITY-ST-ZIP					_	6.4 CITY	-\$T	- ZIP				
14. I hereby of indicated	certify that the on this annual director of the	Information supplied wi preport of supplemental compression or the reco	ith this I annua eiver or	Ing does not qualify If report is true and actinistee exposured to	for the coura: ovexe	ne exem te and t cute thi	ipti Ihal sire	on stated in S t my signature enott as recul	ection shair red to	n 1,19.07(3)(i), Florida Statutes. I further or Il bave the same legal effect as if made ur by Chapter 617, Florida Statutes; and that	erury that the ider oath; th my name ap	at I am an pears in