


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # N93000004282	
1. Entity Name DIVINE LOVE MINISTRY, INC.	

Principal Place of Business 7780 SW 6TH STREET FORT LAUDERDALE, FL 33324	Mailing Address P.O. BOX 825452 PEMBROKE PINES, FL 33082-5452
--	---

DO NOT WRITE IN THIS SPACE



03252004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0441424	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

YOUNG, HASKELL I
17135 NW 12TH COURT
MIAMI, FL 33169

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P YOUNG, HASKELL I 17135 NW 12TH COURT MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ROSS-KNIGHT, ANN MARIE 17702 SW 35 COURT HOLLYWOOD, FL 33029
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BOXER, CHERYL 17566 SW 29 STREET HOLLYWOOD, FL 33029
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000122384
04/21/04-80027-005 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Y. Haskell I Young 4/12/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #