

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2003 8:00 am
Secretary of State

08-21-2003 90106 028 ****70.00

DOCUMENT # N93000004282

1. Entity Name

DIVINE LOVE MINISTRY, INC.



Principal Place of Business

**104 SW 24 AVE
FT LAUDERDALE FL 33312**

Mailing Address

**104 SW 24 AVE
FT LAUDERDALE FL 33312**

2. Principal Place of Business

7780 SW 6TH STREET

3. Mailing Address

P.O. BOX 825452

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

Plantation FL

City & State

South Florida, FL

4. FEI Number **65-0441424**

Applied For

Not Applicable

Zip

33324

Country

USA

Zip

33082-5452

Country

U.S.A

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CALNEK-MCLAREN, PAT
104 SW 24 AVE
FT LAUDERDALE FL 33312**

7. Name and Address of New Registered Agent

Name **REV. HASKELL I. YOUNG**

Street Address (P.O. Box Number is Not Acceptable)

17135 NW 12TH COURT

City **MIAMI FL**

FL

Zip Code

33169

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 **Haskell I. Young**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GOODISON-ORR, WILDOFF E	
STREET ADDRESS	16275 SW 26TH ST	
CITY-ST-ZIP	MIRAMAR FL 33027	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GOODISON-ORR, MARJORIE E	
STREET ADDRESS	16275 SW 26TH ST	
CITY-ST-ZIP	MIRAMAR FL 33027	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CALNEK-MCLAREN, PAT	
STREET ADDRESS	104 SW 24 AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REV. HASKELL I. YOUNG	
STREET ADDRESS	17135 NW 12TH COURT	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANN MARIE ROSS-KNIGHT	
STREET ADDRESS	17102 SW 35 COURT	
CITY-ST-ZIP	MIRAMAR FL 33629	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHERYL BOXER	
STREET ADDRESS	17566 SW 29 STREET	
CITY-ST-ZIP	MIRAMAR FL 33029	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: **Haskell I. Young** / **Ann Marie Ross-Knight** 8/17/03

CR2E037 (4/03)