2002 UNIFORM BUSINESS REPORT (UBR)

Feb 27, 2002 8:00 am Secretary of State DOCUMENT # **N9400002837** 1. Entity Name CHAPEL OF DIVINE LOVE, ADL INC. 02-27-2002 90057 041 ****61.25 Principal Place of Business Mailing Address 4645 N HARBOR CITY BLVD. 4645 N HARBOR CITY BLVD. PALM SHORES FL 32935 PALM SHORES FL 32935 2. Principal Place of Business 3. Mailing Address 520 FOOTHAN 520 FOOTMAN LN Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3307456 FL __ MERRITT ISLAND MERRITT LSCAND Not Applicable Zip Country Zip Country \$8.75 Additional 32952 5. Certificate of Status Desired 420 USÁ 32952 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **BUCK, ROBERT** Street Address (P.O. Box Number is Not Acceptable) 4645 N HARBOR CITY BLVD. PALM SHORES FL 32935 Zip Code ろこうらし FL MERRITT ISLAND 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Delete (9/01) TITLE ☐ Addition BERNTSON, PAULA NAME NAME 1455 CONCORD AVENUE STREET ADDRESS STREET ADDRESS MERRITT ISLAND FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition FLOWE, BETTY NAME NAME 1011 WESTVIEW DRIVE STREET ADDRESS STREET ADDRESS COCOA FL CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition PENDERGRASS, REBECCA NAME NAME 3816 ARROWSMITH DRIVE STREET ADDRESS STREET ADDRESS COCOA FL CITY-ST-ZIP CITY-ST-ZIP DP TITLE Delete TITLE ☐ Change ■ Addition **BUCK, ROBERT** NAME NAME **520 FOOTMAN LANE** STREET ADDRESS STREET ADDRESS MERRITT ISLAND FL CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition TOBIN, BETTY NAME NAME 447 SANDDOLLAR LANE STREET ADDRESS STREET ADDRESS COCOA FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition **BUCK, JANET** NAME **520 FOOTMAN LANE** STREET ADDRESS STREET ADDRESS MERRITT ISLAND FL CITY-ST-ZIP CITY-ST-ZIP 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

321/453-6670

FILED

REQUESTE BUCK SIGNATURE:

changed, or on an attactment with an address, with all other like empowered.