

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 12, 2004 8:00 am
Secretary of State

05-12-2004 90203 017 ***461.25

DOCUMENT # N94000002837

1. Entity Name
CHAPEL OF DIVINE LOVE, ADL INC.



Principal Place of Business
520 FOOTMAN LANE
MERRITT ISLAND, FL 32952 US

Mailing Address
520 FOOTMAN LANE
MERRITT ISLAND, FL 32952 US



DO NOT WRITE IN THIS SPACE

01102004 No Chg-NP

CR2E037 (10/03)

4. FEI Number
59-3307456

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BUCK, ROBERT
520 FOOTMAN LANE
MERRITT ISLAND, FL 32952

**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

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

(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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: D
NAME: BERNTSON, PAULA
STREET ADDRESS: 1455 CONCORD AVENUE
CITY-ST-ZIP: MERRITT ISLAND, FL

TITLE: D
NAME: FLOWE, BETTY
STREET ADDRESS: 1011 WESTVIEW DRIVE
CITY-ST-ZIP: COCOA, FL

TITLE: D
NAME: PENDERGRASS, REBECCA
STREET ADDRESS: 3816 ARROWSMITH DRIVE
CITY-ST-ZIP: COCOA, FL

TITLE: DP
NAME: BUCK, ROBERT
STREET ADDRESS: 520 FOOTMAN LANE
CITY-ST-ZIP: MERRITT ISLAND, FL

TITLE: TD
NAME: TOBIN, BETTY
STREET ADDRESS: 447 SANDDOLLAR LANE
CITY-ST-ZIP: COCOA, FL

TITLE: DV
NAME: BUCK, JANET
STREET ADDRESS: 520 FOOTMAN LANE
CITY-ST-ZIP: MERRITT ISLAND, FL

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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-07-04 321/453-6670