

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002971

FILED
Apr 20, 2009
Secretary of State

Entity Name: HOUSE OF THE DIVINE WILL, INC.

Current Principal Place of Business:

5900 LEONARDO ST
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

5900 LEONARDO ST
CORAL GABLES, FL 33146 US

New Mailing Address:

5900 LEONARDO ST
CORAL GABLES, FL 33146

FEI Number: 65-0688115

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PEREZ, MARIANELA
5900 LEONARDO ST
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: MASSIEU, CARLOS A
Address: 5900 LEONARDO ST
City-St-Zip: CORAL GABLES, FL 33146 US

Title: VD () Delete
Name: FERNANDEZ-SILVA, JORGE
Address: 8041 SW 54 CT
City-St-Zip: MIAMI, FL 33143 US

Title: TD () Delete
Name: PEREZ, MARIANELA R
Address: 5900 LEONARDO ST
City-St-Zip: CORAL GABLES, FL 33146

Title: SD () Delete
Name: WRIGHT, LOURDES
Address: 6550 S.W. 12 ST. APT1
City-St-Zip: MIAMI, FL 33144 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIANELA R PEREZ

TD

04/20/2009

Electronic Signature of Signing Officer or Director

_____ Date