FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1997-98

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 MAR 16 PM 3:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N96000006237

1. Corporation Name
DIVINE RENDEZVOUS MINISTRIES, INC.

Principal Place of Business
3010 S. BABCOCK ST.
MELBOURNE, FL 32901

Mailing Address

600002461336--0
-03/18/98--01112--006
****306.25 ****306.25

3. Date Incorporated or Qualified: 12/05/96	3a. Date of Last Report:
2. Principal Place of Business: 21 3010 S. BABCOCK ST; Suite, Apt. #, etc. 22; City & State 23 MELBOURNE FL; Zip 24 32901; Country 25 USA	2a. Mailing Address: 26 3010 S. BABCOCK ST; Suite, Apt. #, etc. 27; City & State 28 MELBOURNE FL; Zip 29 32901; Country 30 BREVARD
4. FEI Number:	☐ Applied For ☒ Not Applicable
5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

8. Name and Address of Current Registered Agent
WILLIAM BATCHELOR
7995 HIGHWAY A1A
MELBOURNE BEACH, FL 32951

10. Name and Address of New Registered Agent
81 Name: PAUL R. BETOURNAY
82 Street Address (P.O. Box Number is Not Acceptable): 3010 S. BABCOCK ST
83
84 City: MELBOURNE FL 85 Zip Code: 32901

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Paul R. Betournay — PAUL R. BETOURNAY — 3/11/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DIRECTOR ☒ DELETE	1.1 TITLE	DIRECTOR ☐ Change ☒ Addition
NAME	WILLIAM H. BATCHELOR	1.2 NAME	PAUL R. BETOURNAY
STREET ADDRESS	7995 HIGHWAY A1A	1.3 STREET ADDRESS	144 BAYSHORE DR
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951	1.4 CITY-ST-ZIP	MELBOURNE BEACH, FL 32951
TITLE	DIRECTOR ☒ DELETE	2.1 TITLE	DIRECTOR ☐ Change ☒ Addition
NAME	ISABEL A BATCHELOR	2.2 NAME	LYNN J. BETOURNAY
STREET ADDRESS	7995 HIGHWAY A1A	2.3 STREET ADDRESS	144 BAYSHORE DR
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951	2.4 CITY-ST-ZIP	MELBOORNE BEACH, FL 32951
TITLE	DIRECTOR ☒ DELETE	3.1 TITLE	DIRECTOR ☐ Change ☒ Addition
NAME	THOMAS H. ROSS	3.2 NAME	G. MICHAEL EVANS
STREET ADDRESS	476 HIGHWAY A1A SUITE 8	3.3 STREET ADDRESS	5425 HARRISON RD.
CITY-ST-ZIP	SATELLITE BEACH, FL 32937	3.4 CITY-ST-ZIP	MIMS, FL 32754
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	REINSTATEMENT 97-98
STREET ADDRESS		5.3 STREET ADDRESS	3-17-98
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: PAUL R. BETOURNAY — Paul R. Betournay — 3/11/98 — 407-722-5081
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #