

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000002040 (0)**

1. Corporation Name

DIVINE LOVE OUTREACH MINISTRIES, INC.



Principal Place of Business 4930 S.W. 20th Street 5001 SW 23 STREET HOLLYWOOD FL 33023	Mailing Address 5001 SW 23 STREET HOLLYWOOD FL 33023
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3. Date Incorporated or Qualified 04/10/1997	Applied For <input type="checkbox"/> Not Applicable
4. FEJ Number 65-0743266	

2. Principal Place of Business 21 4930 S.W. 23rd Street	2a. Mailing Address 26 5001 S.W. 23rd Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State 23 Hollywood, Florida	City & State 28 Hollywood, FL
Zip 24 33023	Country 25 Broward
Country 29 33023	Country 30 Broward

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent MEDLOCK, MARY F 5001 SW 23 STREET HOLLYWOOD FL 33023	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEDLOCK, MARY F	1.2 NAME	
STREET ADDRESS	5001 SW 23 STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33023	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEWELL, DEMETRIS	2.2 NAME	
STREET ADDRESS	6700 NOVA DRIVE #106	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33314	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUDGE, KATHERINE	3.2 NAME	
STREET ADDRESS	6024 SW 26 #203	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAN FL 33023	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, DIANE	4.2 NAME	
STREET ADDRESS	5723 SW 19 ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33023	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	member SD A/S
STREET ADDRESS		5.3 STREET ADDRESS	Rufus medlock
CITY-ST-ZIP		5.4 CITY-ST-ZIP	5001 S.W. 23rd St
TITLE		6.1 TITLE	Hollywood, FL 33023
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: **Mary F. Medlock** **4/8/98**

CR2E037 (1097)