## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED May 02, 2002 8:00 am Secretary of State DOCUMENT # **N97000002040** 1. Entity Name DIVINE LOVE OUTREACH MINISTRIES, INC. 05-02-2002 90064 044 \*\*\*\*70.00 Principal Place of Business Mailing Address 4931 SW 20TH ST 5001 SW 23 STREET HOLLYWOOD FL 33023 HOLLYWOOD FL 33023 3. Majling Address 5.ω. 2314 st 2. Principal Place of Business S. w. 23rg 5001 Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0743206 Not Applicable \$8.75 Additional Broward orwaro 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MEDLOCK, MARY F 5001 SW 23 STREET HOLLYWOOD FL 33023 Zip Code FL 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) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Make Check Payable to Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITI F Grelette, Lovette Financia . Change MEDLOCK, MARY F NAME 139 N.W. 1 St Ave # Secretary NAME STREET ADDRESS 5001 SW 23 STREET STREET ADDRESS Hallandale, Cl CITY-ST-ZIP 33009 HOLLYWOOD FL 33023 CITY-ST-ZIP SD TITLE TITLE Secretary Change Addition Jewell, Demetris NAME NAME STREET ADDRESS 6700 NOVA DRIVE #106 STREET ADDRESS CITY-ST-ZIP DAVIE FL 33314 CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME SMITH, BETTY J NAME STREET ADDRESS 3100 N 24TH AVE BLDG 14 #107 STREET ADDRESS HOLLYWOOD FL 33202 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition COOPER, DIANE STREET ADDRESS 5723 SW 19 ST STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33023 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MEDLOCK, RUFUS NAME. NAME STREET ADDRESS 5001 SW 23RD ST STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33023 CITY-ST-ZIP TITLE ☐ Delete TITLE . Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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

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