2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004
Secretary of State

DOCUMENT# N97000002040

Entity Name: DIVINE LOVE OUTREACH MINISTRIES, INC.

Current Principal Place of Business:

5001 S.W. 23RD ST
HOLLYWOOD, FL 33023 US

New Principal Place of Business:

Current Mailing Address:

5001 S.W. 23RD ST
HOLLYWOOD, FL 33023 US

New Mailing Address:

FEI Number: 65-0743206 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MEDLOCK, MARY F
5001 SW 23 STREET
HOLLYWOOD, FL 33023 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:	PD	( ) Delete
Name:	MEDLOCK, MARY F	
Address:	5001 SW 23 STREET	
City-St-Zip:	HOLLYWOOD, FL 33023	
Title:	FS	( ) Delete
Name:	LOVETLE, GRELETTE	
Address:	139 N.W. 1ST AVE #2	
City-St-Zip:	HALLANDALE, FL 33009	
Title:	D	( ) Delete
Name:	SMITH, BETTY J	
Address:	3100 N 24TH AVE BLDG 14 #107	
City-St-Zip:	HOLLYWOOD, FL 33202	
Title:	D	( ) Delete
Name:	COOPER, DIANE	
Address:	5723 SW 19 ST	
City-St-Zip:	HOLLYWOOD, FL 33023	
Title:	V	( ) Delete
Name:	MEDLOCK, RUFUS	
Address:	5001 SW 23RD ST	
City-St-Zip:	HOLLYWOOD, FL 33023	
Title:	CS	( ) Delete
Name:	COOPER-BELL, SHANTELL	
Address:	216 N.W. 3RD ST #3	
City-St-Zip:	HALLANDALE, FL 33009	

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:	
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 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 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: MARY F MEDLOCK PD 03/29/2004

Electronic Signature of Signing Officer or Director — Date