2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002040

FILED Apr 24, 2006 Secretary of State

Entity Name: DIVINE LOVE OUTREACH MINISTRIES, INC.

Current Principal Place of Business: New Principal Place of Business: 5001 S.W. 23RD ST HOLLYWOOD, FL 33023 US **Current Mailing Address: New Mailing Address:** 5001 S.W. 23RD ST HOLLYWOOD, FL 33023 US FEI Number: 65-0743206 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MEDLOCK, MARY F 5001 SW 23 STREET HOLLYWOOD, FL 33023 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MEDLOCK, MARY F Name: Name: 5001 SW 23 STREET Address: Address: HOLLYWOOD, FL 33023 City-St-Zip: City-St-Zip: Title: () Delete Title: (X) Change () Addition LOVETLE, GRELETTE Name: WRIGHT, MARQUIS Name: Address: 139 N.W. 1ST AVE #2 Address: 5001 SW 23RD STREET City-St-Zip: HALLANDALE, FL 33009 City-St-Zip: HOLLYWOOD, FL 33023 Title: () Delete Title: (X) Change () Addition SMITH, BETTY J SMITH, BETTY J Name: Name: 3100 N 24TH AVE BLDG 14 #107 Address: Address: 3630 M.W 34TH AVE City-St-Zip: HOLLYWOOD, FL 33202 City-St-Zip: LAUDERDALE LAKES, FL 33309 Title: () Delete Title: (X) Change () Addition COOPER, DIANE Name: Name: MEDLOCK, RUFUS Address: 5723 SW 19 ST Address: 5001 SW 23RD STREET City-St-Zip: HOLLYWOOD, FL 33023 City-St-Zip: HOLLYWOOD, FL 33023 Title: (X) Delete Title: () Change () Addition MEDLOCK, RUFUS Name: Name: 5001 SW 23RD ST Address: Address: City-St-Zip: HOLLYWOOD, FL 33023 City-St-Zip: Title: (X) Delete Title: () Change () Addition COOPER-BELL, SHANTELL Name: Name: Address: 216 N.W. 3RD ST #3 Address: HALLANDALE, FL 33009 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MARY F MEDLOCK PD 04/24/2006