

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002040

FILED  
Apr 03, 2009  
Secretary of State

**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:**

3509 S.W. 127TH LANE RD  
OCALA, FL 34473 US

**New Mailing Address:**

**FEI Number:** 65-0743206

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MEDLOCK, MARY F  
3509 S.W. 127TH LANE  
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: D ( ) Delete  
Name: WRIGHT, MARQUIS  
Address: 5001 SW 23RD STREET  
City-St-Zip: HOLLYWOOD, FL 33023

Title: D ( ) Delete  
Name: SMITH, BETTY J  
Address: 3630 M.W 34TH AVE  
City-St-Zip: LAUDERDALE LAKES, FL 33309

Title: V ( ) Delete  
Name: MEDLOCK, RUFUS  
Address: 5001 SW 23RD STREET  
City-St-Zip: HOLLYWOOD, FL 33023

Title: S ( ) Delete  
Name: WILLIAMS, DOROTHY  
Address: 3800S.W. 27TH STREET  
City-St-Zip: WEST PARK, FL 33023

Title: D ( ) Delete  
Name: FANNING, EDWARD  
Address: C/O 5001 S.W. 23RD STREET  
City-St-Zip: WEST PARK, FL 33023

**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 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

04/03/2009

Electronic Signature of Signing Officer or Director

Date