

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002040

FILED
May 02, 2010
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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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
Name: MEDLOCK, MARY F
Address: 5001 SW 23 STREET
City-St-Zip: HOLLYWOOD, FL 33023

Title: D
Name: WRIGHT, MARQUIS
Address: 5001 SW 23RD STREET
City-St-Zip: HOLLYWOOD, FL 33023

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

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

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

Title: D
Name: JOAN, RUTHERFORD
Address: 6958 N.W. 15TH AVE
City-St-Zip: MIAMI, FL 33147

I hereby 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 all other like empowered.

SIGNATURE: MARY F. MEDLOCK

P/D

05/02/2010

Electronic Signature of Signing Officer or Director

Date