

# UNIFORM BUSINESS REPORT (UBR)

6/7

DOCUMENT # N99000003433

Entity Name

DIVINE LIFE TEMPLE, INC.

**FILED**  
**Jul 25, 2000 8:00 am**  
**Secretary of State**

06-07-2000 90005 014 \*\*\*\*70.00

Principal Place of Business 3800 N.W. 194 STREET MIAMI FL 33055	Mailing Address 3800 N.W. 194 STREET MIAMI FL 33055-1937
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2. Principal Place of Business 1351 Peri Street Suite, Apt. #, etc. N/A	3. Mailing Address 3800 NW 194 street Suite, Apt. #, etc. N/A
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City & State OPA LOCKA, FLA	City & State Carol City, FLA
Zip 33054	Zip 33055
Country USA	Country USA

4. FEI Number 65-0926715	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DAVIS, MARSHALL-L SR. 3800 N.W. 194 STREET MIAMI FL 33055
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7. Name and Address of New Registered Agent Name: SAME Street Address (P.O. Box Number is Not Acceptable) City: FL Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President / Founder Marshall L. Davis 14621 SW 33rd Ct Miramar, FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chaplin / Treasurer Bobby C. Gardner 19011 NW 47 CT. CAROL CITY, FLA- 33055 <input type="checkbox"/> Delete D	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Moderator Lenwood W. Davis 2271 NW 196 street Miami, FLA. 33056 <input type="checkbox"/> Delete D	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary - Recording Satonya T. Baker 1351 Peri street Miami, FLA. 33054 <input type="checkbox"/> Delete D	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Corresponding Secretary Gertrude O. Green 3800 NW 194 street Carol City, FLA 33055 <input type="checkbox"/> Delete D	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marshall L. Davis Date: May 1, 2000 Daytime Phone #: 305-621-4119