

DOCUMENT# P06000041574

Entity Name: DEVINE ASSISTED LIVING FACILITY, INC.

Current Principal Place of Business:

1142 NW 43RD TERRACE
LAUDERHILL, FL 33313

New Principal Place of Business:**Current Mailing Address:**

1142 NW 43RD TERRACE
LAUDERHILL, FL 33313

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRUCE, HAZEL
1142 NW 43RD TERRACE
LAUDERHILL, FL 33313 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 _____

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DICKS, ELORINE
Address: 1150 NW 77TH AVENUE
City-St-Zip: PLANTATION, FL 33322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V () Delete
Name: BRUCE, HAZEL
Address: 4060 NW 33RD AVENUE
City-St-Zip: LAUDERHILL LAKES, FL 33309

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELORINE DICKS

PRE

05/18/2007

Electronic Signature of Signing Officer or Director

Date _____