

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000002505	
1. Entity Name DESTINED TO WIN FAMILY WORSHIP CENTER INC.	

Principal Place of Business 1304 S.W. 160TH AVE. SUITE #146 SUNRISE, FL 33326	Mailing Address 1304 S.W. 160TH AVE. SUITE #146 SUNRISE, FL 33326
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01202004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-3041939	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

GWILLIAM, ANGELA
3901 SW 58TH STREET
DIANA BEACH, FL 33312

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

U000000089290
03/15/04-80086-010 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GWILLIAM, ANGELA 3901 SE 58 STREET DANIA BEACH, FL 33312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GWILLIAM, WAYNE 3901 SE 58 STREET DANIA BEACH, FL 33312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GWILLIAM, BEN 3105 NE 184TH STREET #7104 AVENTURA, FL 33160
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/04

Date

Daytime Phone #