

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006736

FILED  
Mar 30, 2009  
Secretary of State

Entity Name: DAUGHTERS OF DESTINY INC.

**Current Principal Place of Business:**

402 LARGO VISTA DR  
OAKLAND, FL 34787

**New Principal Place of Business:**

**Current Mailing Address:**

402 LARGO VISTA DR  
OAKLAND, FL 34787

**New Mailing Address:**

FEI Number: 59-3747867

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HARRIS, LORETTA V  
402 LARGO VISTA DR.  
OAKLAND, FL 34787 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: CEO ( ) Delete  
Name: HARRIS, LORETTA V  
Address: 402 LARGO VISTA DR  
City-St-Zip: OAKLAND, FL 34787

Title: V ( ) Delete  
Name: BROOKS, JAJUAN  
Address: 2078 BELAFONTE LANE  
City-St-Zip: ORLANDO, FL 32811

Title: T ( ) Delete  
Name: THOMAS, CARLA  
Address: 5262 N ORANGE BLOSSOM TRAIL #203  
City-St-Zip: ORLANDO, FL 32810

Title: S ( ) Delete  
Name: GILLENS, SELENA  
Address: PO BOX 681868  
City-St-Zip: ORLANDO, FL 32868

Title: D ( ) Delete  
Name: FELICIANO, CARLOS  
Address: 5230 LONG RD #75  
City-St-Zip: ORLANDO, FL 32810

**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:

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: DR. LORETTA V. HARRIS, CEO

CEO

03/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date