

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000005222

**FILED**  
**Jul 23, 2008**  
**Secretary of State**

**Entity Name:** DIVINE DAUGHTERS OF DESTINY MINISTRY, INC.

**Current Principal Place of Business:**

P O BOX 33086  
PENSACOLA, FL 325083086

**New Principal Place of Business:**

6520 BELLVIEW PINES ROAD  
PENSACOLA, FL 32526

**Current Mailing Address:**

P O BOX 33086  
PENSACOLA, FL 325083086

**New Mailing Address:**

6520 BELLVIEW PINES ROAD  
PENSACOLA, FL 32526

**FEI Number:** 42-1680063      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

STALLWORTH, SHANEATHA  
6520 BELLVIEW PINES RD  
PENSACOLA, FL 32526 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: SHANEATHA W. STALLWORTH

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: STALLWORTH, SHANEATHA  
Address: 6520 BELLVIEW PINES RD  
City-St-Zip: PENSACOLA, FL 32526

Title: VP ( ) Delete  
Name: HUDSON, CYNTHIA  
Address: 208 SIBLEY AVE  
City-St-Zip: KANKAKEE, IL 60901

Title: S ( ) Delete  
Name: STALLWORTH, TALACEY  
Address: 7940 DARTMOOR CIR  
City-St-Zip: PENSACOLA, FL 32514

Title: T ( ) Delete  
Name: PEACOCK, MILDRED  
Address: 835 MASS AVE  
City-St-Zip: PENSACOLA, FL 32505

**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:

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: SHANEATHA W. STALLWORTH

Electronic Signature of Signing Officer or Director

PRES

07/23/2008

Date