

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011922

FILED
Jul 28, 2009
Secretary of State

Entity Name: DIVINE DESTINY MINISTRIES INC.

Current Principal Place of Business:

1003 NORTH PINE STREET
STARKE, FL 32091

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 601
STARKE, FL 32091

New Mailing Address:

FEI Number: 20-2034583 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

Name and Address of New Registered Agent:

NAUGHTON, MICHAEL M ESQ
9283-2 SAN JOSE BLVD.
JACKSONVILLE, FL 32257 US

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: PRES () Delete
Name: TAYLOR, DAVID
Address: 2474 STATE ROAD 230 EAST
City-St-Zip: STARKE, FL 32091

Title: CFO () Delete
Name: JONAS, BLANCHE
Address: 938 OLD LAWTEY ROAD
City-St-Zip: STARKE, FL 32091

Title: ADV () Delete
Name: JONAS, CHARLIE L
Address: 938 OLD LAWTEY ROAD
City-St-Zip: STARKE, FL 32091

Title: SEC () Delete
Name: TAYLOR, MINNIE J
Address: 2474 STATE ROAD 230 EAST
City-St-Zip: STARKE, FL 32091

Title: ADV () Delete
Name: WILLIAMS, MIRA
Address: 1614 NORTH KELLER STREET
City-St-Zip: STARKE, FL 32091

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: DAVID TAYLOR III

PRES

07/28/2009

Electronic Signature of Signing Officer or Director

Date