

2004

**CORPORATION
ANNUAL REPORT**

DOCUMENT # N11000007352

1. Entity Name
DESTINY INTERNATIONAL/INDIA GOSPEL MISSION,
USA, INC.



Principal Place of Business
2940 MARISE STREET
TALLAHASSEE, FL 32310

Mailing Address
2940 MARISE STREET
TALLAHASSEE, FL 32310

FILED

04 APR 30 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3701676	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PECK, EUGENE L
2940 MARISE STREET
TALLAHASSEE, FL 32310

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PECK, EUGENE L 2940 MARISE STREET TALLAHASSEE, FL 32310
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MURPHY, GARY 8615 S 91ST E AVE TULSA, OK 74133
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S VINSON, RAYMOND 32 HEATHER LANE HAVANA, FL 32333
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PECK, RENEE 2940 MARISE STREET TALLAHASSEE, FL 32310
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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05/11/04--01021--007 **150.00

**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 607, 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

4-30-04

Date

850-350-3725

Daytime Phone #