

2007

CORPORATION ANNUAL REPORT

FILED

07 SEP -5 AM 6:33

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Handwritten signature/initials



09052007 Chg-P CR2E034 (12/06)

DOCUMENT # N11000007352
1. Entity Name
DESTINY INTERNATIONAL/INDIA GOSPEL MISSION, USA, INC.



Principal Place of Business
1233 AIRPORT DRIVE
TALLAHASSEE, FL 32310
Mailing Address
PO BOX 20427
TALLAHASSEE, FL 32316

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip
Country

4. FEI Number
59-3701676
Applied For
Not Applicable
5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PECK, EUGENE L
2940 MARISE STREET
TALLAHASSEE, FL 32310

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 Due by September 14, 2007

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Table with 4 columns: Title, Name, Street Address, City-St-Zip. Rows include PECK, EUGENE L, MURPHY, GARY, VINSON, RAYMOND, PECK, RENEE.

Table with 4 columns: Title, Name, Street Address, City-St-Zip. Includes handwritten entry: 600109595206 09/18/07--01066--028 **150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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] 9-5-07 850-443 2727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #