

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90407 041 ***150.00

0047162 AV

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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3701676**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PECK, EUGENE L
2940 MARISE STREET
TALLAHASSEE FL 32310**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: **Eugene L. Peck**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-03

850-350-3725

Date Daytime Phone #

CR2E034 (10/02)