
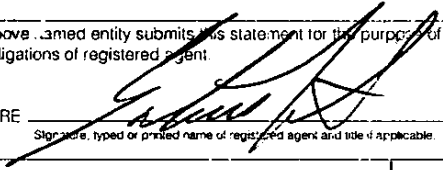
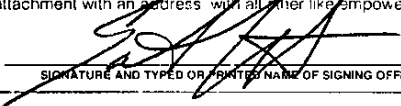


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 13, 2005 8:00 am
Secretary of State

06-13-2005 90004 027 ****70.00

DOCUMENT # N32326					
1. Entity Name DESTINY FAMILY CHURCH, INC.					
Principal Place of Business 1700 S. ASPEN BROKEN ARROW, OK 74012 US		Mailing Address 1700 S. ASPEN BROKEN ARROW, OK 74012 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 91-1348113	
				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>			8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CURTIS, EASTMAN 8311 MAID MARION TRAIL LAKELAND, FL 33809			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		DATE	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CURTIS, EASTMAN		NAME		
STREET ADDRESS	11705 S 66TH E AVE		STREET ADDRESS		
CITY - ST - ZIP	BIXBY, OK		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CURTIS, ANGEL		NAME		
STREET ADDRESS	11705 S 66TH E AVE		STREET ADDRESS		
CITY - ST - ZIP	BIXBY, OK		CITY - ST - ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KATS, DAVID		NAME		
STREET ADDRESS	5205 S. CHESTNUT AVE		STREET ADDRESS		
CITY - ST - ZIP	BROKEN ARROW, OK 74012		CITY - ST - ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SIMON, DENIEL		NAME		
STREET ADDRESS	24500 E. 121ST ST		STREET ADDRESS		
CITY - ST - ZIP	BROKEN ARROW, OK 74014		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	James Richard		NAME		
STREET ADDRESS	4410 University Dr, Suite 105		STREET ADDRESS		
CITY - ST - ZIP	Huntsville, AL 35816		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Jimmie Bratcher		NAME		
STREET ADDRESS	7301 N W 74th		STREET ADDRESS		
CITY - ST - ZIP	Kansas City, Mo 64152		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 617, 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 files empowered.					
SIGNATURE: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
				Daytime Phone #	