


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90250 049 ****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
6. Name and Address of Current Registered Agent				4. FEI Number 91-1348113	
CURTIS, EASTMAN 8311 MAID MARION TRAIL LAKELAND, FL 33809				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
CURTIS, EASTMAN 8311 MAID MARION TRAIL LAKELAND, FL 33809				7. Name and Address of New Registered Agent	
CURTIS, EASTMAN 8311 MAID MARION TRAIL LAKELAND, FL 33809				Name <u>Tom Atkins</u>	
CURTIS, EASTMAN 8311 MAID MARION TRAIL LAKELAND, FL 33809				Street Address (P.O. Box Number is Not Acceptable) <u>24841 South Seas Blvd</u>	
CURTIS, EASTMAN 8311 MAID MARION TRAIL LAKELAND, FL 33809				City <u>Bonita Springs</u> FL Zip Code <u>34134</u>	
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 <u>Tom Atkins</u>				DATE <u>3/31/06</u>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee Is \$61.25 Due by May 1, 2006		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 checked="" type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURTIS, EASTMAN		NAME	Michael Goolsbay	
STREET ADDRESS	11705 S 66TH E AVE		STREET ADDRESS	9927 107th E AVE	
CITY-ST-ZIP	BIXBY, OK		CITY-ST-ZIP	Tulsa OK 74133	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURTIS, ANGEL		NAME	Cheri Egtz	
STREET ADDRESS	11705 S 66TH E AVE		STREET ADDRESS	9218 E 89th St	
CITY-ST-ZIP	BIXBY, OK		CITY-ST-ZIP	Tulsa OK 74133	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD, JAMES		NAME		
STREET ADDRESS	4410 UNIVERSITY DR, SUITE 105		STREET ADDRESS		
CITY-ST-ZIP	HUNTSVILLE, AL 35816		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRATCHER, JIMMIE		NAME		
STREET ADDRESS	7301 NW 74TH		STREET ADDRESS		
CITY-ST-ZIP	KANSAS CITY, MO 64152		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 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 like empowered.					
SIGNATURE: <u>Michael Goolsbay, Pres</u>			Date <u>3/31/06</u>		Daytime Phone # <u>918-259-9080</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #