

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Mar 24, 2003 8:00 am
Secretary of State

2/2:

02-28-2003 90139 022 ****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
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **91-1348113**

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

6. Name and Address of Current Registered Agent
**CURTIS, EASTMAN
8311 MAID MARION TRAIL
LAKELAND FL 33809**

Applied For
 Not Applicable

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

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CURTIS, EASTMAN	
STREET ADDRESS	11705 S 68TH E AVE	
CITY-ST-ZIP	BIXBY OK	
TITLE	D	<input type="checkbox"/> Delete
NAME	CURTIS, ANGEL	
STREET ADDRESS	11705 S 68TH E AVE	
CITY-ST-ZIP	BIXBY OK	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JAMES, MIKE	
STREET ADDRESS	8937 S HUDSON AVE	
CITY-ST-ZIP	TULSA OK	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

de deleted

OK error should not

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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)(l), 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 persons empowered.

SIGNATURE: **SIGNATURE REQUIRED** *2/20/03* *918 259-9080*

DATE: _____ DAYTIME PHONE # _____

CR2E037 (10/02)