

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000561

1. Entity Name

DESTINY CHRISTIAN MINISTRIES, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90088 029 ****61.25

Principal Place of Business 1784 ROGERS RD JACKSONVILLE FL 32211 US	Mailing Address 1784 ROGERS RD JACKSONVILLE FL 32211-4885 US
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-3492482	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KITTLE, DONALD R
3860 SHADY LANE
JACKSONVILLE FL 32277

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.

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 \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
-------------------------------------	---	--

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	KITTLE, DONALD R
STREET ADDRESS	3860 SHADY LANE
CITY-ST-ZIP	JACKSONVILLE FL 32277
TITLE	D <input type="checkbox"/> Delete
NAME	KITTLE, MELISSA L
STREET ADDRESS	3860 SHADY LANE
CITY-ST-ZIP	JACKSONVILLE FL 32277
TITLE	T <input type="checkbox"/> Delete
NAME	KERN, CURTIS L
STREET ADDRESS	2309 BAYVIEW RD
CITY-ST-ZIP	JACKSONVILLE FL 32210
TITLE	V <input type="checkbox"/> Delete
NAME	POOLE, JOE
STREET ADDRESS	1428 LAMANTO AVE E
CITY-ST-ZIP	JAX FL 32210
TITLE	S <input type="checkbox"/> Delete
NAME	KERN, ANN
STREET ADDRESS	2309 BAYVIEW RD
CITY-ST-ZIP	JAX FL 32210
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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	
CITY-ST-ZIP	
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	
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)(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 like empowered.

SIGNATURE: SIGNATURE OF CURTIS L. KERN 5/1/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #