

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2006 8:00 am
Secretary of State

05-16-2006 90021 050 ****61.25

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1. Entity Name
MEN OF DESTINY MINISTRIES, INC.



Principal Place of Business

4903 RAYLENE WAY
ST. CLOUD, FL 34771 US

Mailing Address

4903 RAYLENE WAY
ST. CLOUD, FL 34771 US

3575 Michigan Ave
St Cloud, Fla 34769



04112006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3668071

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHAFTER, GEORGE H
~~2908 COOL BREEZE CIRCLE~~ 4903 Raylene Way
ST. CLOUD, FL 34769 St. Cloud, Fla
34771

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SHAFTER, GEORGE H
STREET ADDRESS 4903 RAYLENE WAY
CITY-ST-ZIP ST. CLOUD, FL 34771

TITLE VD
NAME MARLATT, CRAIG
STREET ADDRESS 8451 AMELIA TRAIL
CITY-ST-ZIP KISSIMMEE, FL 34747

TITLE STD
NAME SHAFTER, TONJIA
STREET ADDRESS 4903 RAYLENE WAY
CITY-ST-ZIP ST. CLOUD, FL 347710890

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 reports 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

George Shafter *Tonjia Shafter* 5/06 407.862-1870