

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000006736

**Entity Name:** DAUGHTERS OF DESTINY INC.

**Current Principal Place of Business:**

402 LARGO VISTA DR  
OAKLAND, FL 34787

**Current Mailing Address:**

402 LARGO VISTA DR  
OAKLAND, FL 34787

**FEI Number:** 59-3747867

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HARRIS, LORETTA V  
402 LARGO VISTA DR.  
OAKLAND, FL 34787 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            CEO  
Name            HARRIS, LORETTA V  
Address        402 LARGO VISTA DR  
City-State-Zip: OAKLAND FL 34787

Title            V  
Name            HARRIS, JAJUAN  
Address        2078 BELAFONTE LANE  
City-State-Zip: ORLANDO FL 32811

Title            T  
Name            THOMAS, CARLA  
Address        5262 N ORANGE BLOSSOM TRAIL  
                  #203  
City-State-Zip: ORLANDO FL 32810

Title            S  
Name            GILLENS, SELENA  
Address        PO BOX 681868  
City-State-Zip: ORLANDO FL 32868

Title            D  
Name            FELICIANO, CARLOS  
Address        5230 LONG RD #75  
City-State-Zip: ORLANDO FL 32810

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** DR LORETTA V HARRIS

**CEO**

**03/12/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date