

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

DOCUMENT# N14000004002

**Entity Name:** DESTINY INTERNATIONAL /INDIA GOSPEL MISSION, USA, INC.

**FILED**  
**Apr 06, 2024**  
**Secretary of State**  
**9766139603CC**

**Current Principal Place of Business:**

182 NORTHWOOD LANE  
CRAWFORDVILLE, FL 32727

**Current Mailing Address:**

P.O. BOX 20427  
TALLAHASSEE, FL 32316-0427 US

**FEI Number: 59-3701676**

**Certificate of Status Desired: No**

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

PECK, EUGENE L  
182 NORTHWOOD LANE  
CRAWFORDVILLE, FL 32327 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 PD  
Name PECK, EUGENE L  
Address 182 NORTHWOOD LANE  
City-State-Zip: CRAWFORDVILLE FL 32727

Title VPD  
Name BOYD, WHIT  
Address 12617 ASHVILLE HWY  
City-State-Zip: GREENVILLE FL 32331

Title T  
Name PECK, RENEE  
Address 182 NORTHWOOD LANE  
City-State-Zip: CRAWFORDVILLE FL 32727

Title SD  
Name VINSON, RAYMOND  
Address 485 MILLWOOD DRIVE  
City-State-Zip: HAVANA FL 32333

Title D  
Name HUTCHER, JACOB  
Address 210 BEASLEY MINE RD  
City-State-Zip: FRANKLIN NC 28734

*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: RENEE PECK**

**TREASURER**

**04/06/2024**

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

\_\_\_\_\_  
Date