

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000000890

**Entity Name:** TRUE DESTINY MINISTRIES CORP.

**Current Principal Place of Business:**

3520 W BROWARD BOULEVARD  
SUITE 101  
FORT LAUDERDALE, FL 33312

**Current Mailing Address:**

5040 SW 24TH STREET  
WEST PARK, FL 33023 US

**FEI Number:** 82-4049550

**Certificate of Status Desired:** No

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

DAWSON, JOYCE  
5040 SW 24TH STREET  
WEST PARK, FL 33023 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 PCEO  
Name DAWSON, JOYCE  
Address 3520 W BROWARD BOULEVARD  
SUITE 101  
City-State-Zip: FORT LAUDERDALE FL 33312

Title TTR  
Name LANE, SYLVIA  
Address 3520 W BROWARD BOULEVARD  
SUITE 101  
City-State-Zip: FORT LAUDERDALE FL 33312

Title SC  
Name CRUZ, ELETHYIA  
Address 3520 W BROWARD BOULEVARD #101  
City-State-Zip: FORT LAUDERDALE FL 33312

Title TRUSTEE  
Name JONES, KEISHA  
Address 3520 W BROWARD BOULEVARD  
SUITE 101  
City-State-Zip: FORT LAUDERDALE FL 33312

Title VCFO  
Name DAWSON, DWIGHT  
Address 3520 W BROWARD BOULEVARD  
SUITE 101  
City-State-Zip: FORT LAUDERDALE FL 33312

*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:** JOYCE DAWSON

**PRESIDENT**

**01/14/2022**

Electronic Signature of Signing Officer/Director Detail

Date