2020 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

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	P		Title	ST
Name	DAWSON, JOYCE		Name	LANE, SYLVIA
Address	5040 SW 24TH STREET		Address	3520 W BROWARD BOULEVARD #101
City-State-Zip:	WEST PARK FL 33023		City-State-Zip:	FORT LAUDERDALE FL 33312
Title	D		Title	D
Name	DAWSON, ISAIAH		Name	CRUZ, ELETHYIA
Address	3520 W BROWARD BOULEVARD #101		Address	3520 W BROWARD BOULEVARD #101
City-State-Zip:	FORT LAUDERDALE FL 33312		City-State-Zip:	FORT LAUDERDALE FL 33312
Title	DIRECTOR		Title	VP
Name	JEFFERSON, CORY		Name	DAWSON, DWIGHT
Address	3520 W BROWARD BOULEVARD SUITE 101		Address	5040 SW 24TH STREET
City-State-Zip:	FORT LAUDERDALE FL 33312		City-State-Zip:	WEST PARK FL 33023
Title	DIRECTOR			
Name	RACKLEY, SHARON			
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   PASTOR   03/18/2020

Electronic Signature of Signing Officer/Director Detail   Date