## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20000011219

Entity Name: DEFINED DESTINY INC

FILED
May 01, 2024
Secretary of State
3632616803CC

## **Current Principal Place of Business:**

801 NW RIVERSIDE DR SUITE 104-442

PORT ST. LUCIE, FL 34983

## **Current Mailing Address:**

801 NW RIVERSIDE DR SUITE 104-442 PORT ST. LUCIE, FL 34983 US

FEI Number: 85-3411800 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

CURRY, CAMAY 801 NW RIVERSIDE DR SUITE 104-442 PORT ST. LUCIE, FL 34983 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

Officer/Director Detail:

Title P Title V

Name CURRY, CAMAY Name JACKSON-PERRY, SHANTELL

Address 801 NW RIVERSIDE DR Address 801 NW RIVERSIDE DR

SUITE 104-442 SUITE 104-442

City-State-Zip: PORT ST. LUCIE FL 34983 City-State-Zip: PORT ST. LUCIE FL 34983

Title SEC Title TR

Name EVERETT, FELICIA Name TAYLOR, KATRINA

Address 801 NW RIVERSIDE DR Address 801 NW RIVERSIDE DR

801 NW RIVERSIDE DR
SUITE 104-442
Address
801 NW RIVERSIDE DR
SUITE 104-442
SUITE 104-442

30112 104-442

City-State-Zip: PORT ST. LUCIE FL 34983 City-State-Zip: PORT ST. LUCIE FL 34983

Title PR

Name MCKINNEY, CHATARA
Address 801 NW RIVERSIDE DR

SUITE 104-442

City-State-Zip: PORT ST. LUCIE FL 34983

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: CAMAY CURRY P

Electronic Signature of Signing Officer/Director Detail

05/01/2024 Date

Date