

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757242

FILED
Feb 15, 2006
Secretary of State

Entity Name: DESTINED TO OVERCOME MINISTRIES, INC.

Current Principal Place of Business:

10905 SW 110TH STREET
OCALA, FL 34432 US

New Principal Place of Business:

10905 SW 110TH STREET
DUNNELLON, FL 34432 US

Current Mailing Address:

P.O. BOX 76070
OCALA, FL 34481 US

New Mailing Address:

P.O. BOX 771867
OCALA, FL 34477 US

FEI Number: 59-2306965

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOZIO, SYL
10905 SW 110TH STREET
OCALA, FL 34432 US

Name and Address of New Registered Agent:

SOZIO, SYL
10905 SW 110TH STREET
DUNNELLON, FL 34432 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:

02/15/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SOZIO, SYL
Address: 10905 SW 110TH STREET
City-St-Zip: Ocala, FL 34432

Title: DSVT () Delete
Name: SOZIO, EDWINA
Address: 10905 SW 110TH STREET
City-St-Zip: Ocala, FL 34432

Title: DTS () Delete
Name: MICKENS, GLORIA
Address: 17 FIR TRAIL TRACK
City-St-Zip: Ocala, FL 34472

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SOZIO, SYL
Address: 10905 SW 110TH STREET
City-St-Zip: DUNNELLON, FL 34432

Title: DSVT (X) Change () Addition
Name: SOZIO, EDWINA
Address: 10905 SW 110TH STREET
City-St-Zip: DUNNELLON, FL 34432

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SYL SOZIO

PD

02/15/2006

Electronic Signature of Signing Officer or Director

Date