


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90364 049 \*\*\*\*70.00

<b>DOCUMENT # 765611</b> 1. Entity Name INTERNATIONAL CHURCH OF DESTINY, INC.					
Principal Place of Business 1132 SE ASTORWOOD PL STUART, FL 34994 <b>5782 SE Wilsie Dr.</b> <b>STUART, FL 34997</b>			Mailing Address P.O. BOX 667 INDIANTOWN, FL 34956		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01192007 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-2465713				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CLAYTON, ROGER 1132 SE ASTORWOOD PLACE STUART, FL 34994 <b>5782 SE Wilsie Dr.</b> <b>STUART, FL 34997</b>				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Roger Clayton</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>3-4-07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLAYTON, ROGER 1132 SE ASTORWOOD PLACE STUART, FL 34994 new address <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	5782 SE Wilsie Dr. STUART, FL 34997 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CONE, CLAUDEAN 12678 SE 106TH DRIVE OKEECHOBEE, FL 34974 new address <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	2140 NE 19th Blvd. Okeechobee, FL 34972 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARRETT, CAROL 6532 F CHASEWOOD DR NORTH JUPITER, FL 33458 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Roger Clayton</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>3-4-07</u> <small>Daytime Phone #</small>	