

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765611

FILED
Apr 29, 2009
Secretary of State

Entity Name: INTERNATIONAL CHURCH OF DESTINY, INC.

Current Principal Place of Business:

16501 SW PINTO RD
INDIANTOWN, FL 34956

New Principal Place of Business:

16630 SW WARFIELD BLVD
INDIANTOWN, FL 34956

Current Mailing Address:

16501 SW PINTO RD
INDIANTOWN, FL 34956

New Mailing Address:

P.O. BOX 667
INDIANTOWN, FL 34956

FEI Number: 59-2465713

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CLAYTON, ROGER
5782 SE WILSIE DR
STUART, FL 34997 US

Name and Address of New Registered Agent:

CONE, CLAUDEAN
2140 NE 39TH BLVD
OKEECHOBEE, FL 34972 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: CLAUDEAN CONE

04/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CLAYTON, ROGER
Address: 16501 SW PINTO RD
City-St-Zip: INDIANTOWN, FL 34956

Title: TD () Delete
Name: CONE, CLAUDEAN
Address: 2140 NE 19TH BLVD
City-St-Zip: OKEECHOBEE, FL 34972

Title: S () Delete
Name: GARRETT, CAROL
Address: 6532 F CHASEWOOD DR NORTH
City-St-Zip: JUPITER, FL 33458

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CONE, CLAUDEAN
Address: 2140 NE 39TH BLVD
City-St-Zip: OKEECHOBEE, FL 34972

Title: VP (X) Change () Addition
Name: VASQUEZ, TONY
Address: 2372 CENTER CIRCLE
City-St-Zip: JENSEN BEACH, FL 34957

Title: S (X) Change () Addition
Name: LUKAS, SARAH
Address: 8009 SE COLONY DRIVE
City-St-Zip: STUART, FL 34997

Title: TD () Change (X) Addition
Name: MOUNTS, CONNIE
Address: 16100 SW MORGAN STREET
City-St-Zip: INDIANTOWN, FL 34956

I hereby certify that the information supplied with this filing does not qualify 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: CLAUDEAN CONE

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date