2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mar 03, 2003 8:00 am Secretary of State **DOCUMENT # 765611** 03-03-2003 90948 013 ****70.00 1. Entity Name INTERNATIONAL CHURCH OF DESTINY, INC. Mailing Address Principal Place of Business 90039738 15144 SW YALAHA ST 15144 SW YALAHA ST P.O. BOX 667 INDIANTOWN FL 34956 INDIANTOWN FL 34956 2. Principal Place of Business 3. Mailing Address Blod P.O. BOX 13501 Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES ndianter 4. FEI Number 59-2465713 Applied For City & State Not Applicable Florvala \$8.75 Additional Zip Country martin 5. Certificate of Status Desired Fee Required mactin 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CLAYTON, ROGER Street Address (P.O. Box Number is Not Acceptable) 15144 SW YALAHA ST **INDIANTOWN FL 34956** P.O. BOX 1078 City Is nation fown 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 Make Check Pavable to 9. Election Campaign Financing **\$5.00** May Be FILE NOW: FEE IS \$61.25 Florida Department of State Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. OFFICERS AND DIRECTORS 10. ☐ Change ☐ Addition PD ☐ Delete TITLE TITLE NAME CLAYTON, ROGER NAME STREET ADDRESS STREET ADDRESS 15144 SW YAHALA ST CITY-ST-ZIP CITY-ST-ZIE INDIANTOWN FL 34956 ☐ Addition Change Delete 🔾 TITLE CLAYTON, KIMBERLY STREET ADDRESS STREET ADDRESS 15144 SW YALAHA STREET CITY-ST-ZIP CITY-ST-ZIP INDIANTOWN FL 34956 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME CONE, CLAUDEAN STREET ADDRESS STREET ADDRESS 12678 SE 108TH DRIVE CITY-ST-ZIP CITY-ST-ZIP **OKEECHOBEE FL 34974** carol Garrett apt. 313 Delete TITLE TITLE NAME NAME SKUBISH, CREST STREET ADDRESS STREET ADDRESS 15066 SW TIGERTAIL CT Palm Beach Garden CITY-ST-7IP CITY-ST-ZIP INDIANTOWN FL 34956 ☐ Addition ☐ Delete TITLE TITLE NAME 🗻 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

FILED