

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 07, 2005
Secretary of State**

DOCUMENT# F01000001062

Entity Name: DESTINY CHURCH MINISTRIES, INC.

Current Principal Place of Business:

4003 LIBERTY ST N.
JACKSONVILLE, FL 32206

New Principal Place of Business:

Current Mailing Address:

11522 REVENUE COURT
JACKSONVILLE, FL 32246

New Mailing Address:

4003 LIBERTY ST N.
JACKSONVILLE, FL 32206

FEI Number: 22-2777636 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

EDWARDS, HELEN
11522 REVENUE CT.
JACKSONVILLE, FL 32246 US

Name and Address of New Registered Agent:

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

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: EDWARDS, E. EUGENE
Address: 11522 REVENUE CT.
City-St-Zip: JACKSONVILLE, FL

Title: VTD () Delete
Name: EDWARDS, HELEN
Address: 11522 REVENUE CT.
City-St-Zip: JACKSONVILLE, FL

Title: SD () Delete
Name: MCGRAW, KATHY
Address: 4003 LIBERTY ST N
City-St-Zip: JACKSONVILLE, FL

Title: D () Delete
Name: O'CONNOR, DAVID
Address: 101 POWELTON AVE
City-St-Zip: LANSDOWNE, PA 19050

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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 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: KATHY MCGRAW

SD

07/07/2005

Electronic Signature of Signing Officer or Director

_____ Date