


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2006 08:00 AM
Secretary of State

DOCUMENT # F01000001062	
1. Entity Name DESTINY CHURCH MINISTRIES, INC.	

Principal Place of Business 4003 LIBERTY ST N. JACKSONVILLE, FL 32206	Mailing Address 4003 LIBERTY ST N. JACKSONVILLE, FL 32206
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01032006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-2777636	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

EDWARDS, HELEN
11522 REVENUE CT.
JACKSONVILLE, FL 32246

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD EDWARDS, E. EUGENE 11522 REVENUE CT. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD EDWARDS, HELEN 11522 REVENUE CT. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MCGRAW, KATHY 4003 LIBERTY ST N JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D O'CONNOR, DAVID 101 POWELTON AVE LANSDOWNE, PA 19050
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

01/24/06-800005-025 \$1.25

**DO NOT WRITE
IN THIS SPACE**

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: Kathy McGraw, Sec 1-10-06 904-598-2347
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #