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(Re	equestor's Name)	
(Ad	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nam	e)
		•
(De	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

	Filing Section on of Corpor			
SUBJECT:_	DAUGHTER	RS OF DESTINY	Prison Ministry	,Inc
		Name of Corpor	ration - must include suffix	
Dear Sir or Ma	ıdam:			
Affairs in Flori	ida", "Certifica	ate of Existence", or	rofit Corporation for Authoriz "Certificate of Status" and cl ration to conduct its affairs in	neck are submitted to
Please return a	ll corresponde	nce concerning this	matter to the following:	
•	PATRICI	A GOEBEL	•	
-		Nam	e of Person	
		Firn	n/Company	
			· · · · · · · · · · · · · · · · · · ·	
	23454 0	LDE MEADOWBRO		·
		,	Address	
,	BONITA	SPRINGS, FL	34134	
		City/Stat	e and Zip Code	
	ANNIE@D/	AUGHTERSOFDES	TINY.ORG	•
-			or future annual report notific	ation)
For further info	rmation conce	erning this matter, p	lease call:	
PATRICIA			t (239) 301-0188	3
	Name of Pers	son	Area Code & Daytime Te	elephone Number
	ING ADDRES	SS:	STREET/CO	OURIER ADDRESS:
	ling Section	ons	New Filing So	
P.O. Bo	n of Corporati x 6327	ons	Division of C Clifton Build	•
	ssee, FL 3231	4		ve Center Circle
			Tallahassee, I	FL 32301
Enclosed is a ch	neck for the fo	llowing amount:	,	
□ \$70.00 Filin	_	78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. DAUGHTE	RS OF DESTINY Prison N	<u>lini:</u>	stry,	Inc				
 (Name of corne 	oration: must include the word "INCORPOF age as will clearly indicate that it is a corpo present. "Company" or "Co." may not be use	RATED)" or " ሮረ ስ℟፤	POR ATION"	or words or a n or partnersh aprofit corpor	abbreviation tip if not so ation.)	s of like contain	ed
2. COLORAI)0	3.	43-20	03078				
(State or cou	ntry under the law of which it is incorporate	ed)		(FEI numb	er, if applicab	ile)		_
4. 10/22/	2002_	_ 5.	PERPE	TUAL				
(I	2002 Date of Incorporation)		(Duration:	Year corp. w	ill cease to ex	ist or "perp	etual")	
6 06/30			ctions 617.1	501 & 617.1	502, F.S. to de	etermine pen	alty liał	oility.)
7 10020	COCONUT ROAD, SUITE 138-	212.	BONTT	A SPRINO	SS. FL	34135		
			ce address)		127	31133		_
•								
10020	COCONUT ROAD, SUITE 138-				GS, FL	34135		_
	(Curr	rent mai	iling addres	is)				
EQUIP, T	RAIN, EMPOWER VOLUNTEERS	S TO	REACH	AND DIS	CIPLE TO) INCAR	CERA	TED
· · · · · · · · · · · · · · · · · · ·	OR JESUS WHILE IN PRISON							_
(Purpose(s) of c	corporation authorized in home state or cou	intry to	be carried	out in the stat	e of Florida)			
9. Name and stre	eet address of Florida registered agent:	(P.O.	Box <u>NOT</u>	acceptable)		E.	;;	
Name:	PATRICIA GOEBEL				,		13.0	
•			_			ن با المبارك الرحم المبارك	1	. •
Office Address:	23454 OLDE MEADOWBROOK	CIRC	LE			77		**
			•			F15	1.2	
	BONITA SPRINGS	,	, Florida _	34134		_ :::::::::::::::::::::::::::::::::::::	- 19	
	(City)				(Zip Code)		?:	
10. Registered	agent's acceptance:						O1	
	e : F							

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Satrice A Hoebel 11/07/2014
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors

A.	n	TD	F/	T	מר	C
A.	11	и	F.L		JΚ	٠.٦

Chairman: MED GOEBED			
Address: 23454 OLDE MEADOWBROOK CIRCLE			
BONITA SPRINGS, FL 34134			
Vice Chairman: PATRICIA GOEBEL			
Address: 23454 OLDE MEADOWBROOK CIRCLE			
BONITA SPRINGS, FL 34134			
Director: JOHN NUGIER			
Address: 40128 Road 36			
Kingsburg, CA 93631			•
Director: DR. WAYNE GANOW			
Address: 1250 Heritage Dr.	<u></u>	A.	
Hastings, NE 68901		À	
B. OFFICERS	22 to 600 to 500 to	1	
President:PATRICIA GOEBEL			
Address: 23454 OLDE MEADOWBROOK CIRCLE	25	())	
BONITA SPRINGS, FL 34134	Din A	υń.	
Vice President: MEL GOEBEL			
Address: 23454 OLDE MEADOWBROOK CIRCLE			
BONITA SPRINGS, FL 34134			
Secretary:			
Address:			
Treasurer:			
Address:			
NOTE: If necessary, you may attach an addendum to the application listing additional officers			
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the ap	plication)		-
4. MEL GOEBEL, CHAIRMAN			_
(Typed or printed name and capacity of person signing application)			

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE

I, Scott Gessler, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Daughters of Destiny Inc

is a **Nonprofit Corporation** formed or registered on 10/22/2002 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20021293806.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 10/28/2014 that have been posted, and by documents delivered to this office electronically through 10/30/2014 @ 08:31:11.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 10/30/2014 @ 08:31:11 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 8996771.



Secretary of State of the State of Colorado

************End of Certificate***********

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/Certificate/SearchCriteria.do entering the certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click Business Center and select "Frequently Asked Questions."



RECEIVED

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FLORIDA DEPARTMENT OF STATE ALL AHASSEE, FLORIDA Division of Corporations

November 19, 2014

PATRICIA GOEBEL 23454 OLDE MEADOWBROOK CIRCLE BONITA SPRINGS, FL 34134

SUBJECT: DAUGHTERS OF DESTINY, INC.

Ref. Number: W14000069811

We have received your document for DAUGHTERS OF DESTINY, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Christine Haney Regulatory Specialist II New Filing Section

Letter Number: 914A000246063

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