


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 19, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000059831</b> 1. Entity Name <b>DESTINY CHRISTIAN UNIVERSITY, LLC</b>	
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Principal Place of Business <b>3150 DUNDEE ROAD WINTERHAVEN, FL 33884</b>	Mailing Address <b>PO BOX 1758 WINTERHAVEN, FL 33882</b>
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**DO NOT WRITE IN THIS SPACE**



01172007 No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>20-3051665</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**GAY, ALONZO T  
3150 DUNDEE ROAD  
WINTERHAVEN, FL 33884**

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

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR GAY, ALONZO T DR 3150 DUNDEE ROAD WINTERHAVEN, FL 33884</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM GAY, SANDRA R DR 3150 DUNDEE RD WINTER HAVEN, FL 33884</b>
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01/22/07-80064-016 55.00

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** Dr. Alonzo T. Gay 1/17/2007 (863) 318-8941  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #