7/25/01-90006-03

FILED
Sep 12, 2001 8:00 am
Secretary of State
07-25-2001 90006 033 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR

DOCUMENT # N00000001750

1. Entity Name

DESTINY PROMISED REFUGE CENTER INC.

Principal Place of Business	Mailing Address
280 COPPER RIDGE CT LAKE MARY FL 32746	P O BOX 300983 FERN PARK FL 32730

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2840 Copper Ridge Ct	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake Mary, Florida	City & State
Zip: 32746 Country: USA	Zip Country

4. FEI Number ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GREENFIELD, RICHARD D 4160 GULFSTREAM RD LAKE WORTH FL 33461	Name: Maria M. Nearon Street Address (P.O. Box Number is Not Acceptable): 2840 Copper Ridge Ct City: Lake Mary FL Zip Code: 32746

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.

SIGNATURE: Director ~~President~~ AND Founder DATE: 7/11/01

Signature required of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
After September 12, 2001, min. will be $236.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Jennifer DiCocco 741 N. Combee Rd Lakeland, FL 33801	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Teresa Miller 4352-Chelsea Harbor Dr Jacksonville, FL 32224	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Patricia J. Ross 6072 Kittiwake Drive Lakeland, FL 33809	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Jennifer Wilkes 1424 Fern Rd. East Lakeland, FL 33801	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Barbara Raymond 3654 State Park Rd, Lakeland, FL 33805	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Jim Wilkes 1424 Fern Rd East, Lakeland, FL 33801	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (5/01)

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: SIGNATURE REQUIRED director Founder 7/11/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #