
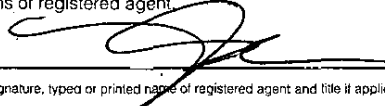
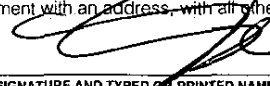


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90067 011 \*\*\*\*61.25

<b>DOCUMENT # N00000001750</b>					
1. Entity Name <b>DESTINY PROMISED REFUGE CENTER INC.</b>					
Principal Place of Business <b>2840 COPPER RIDGE CT LAKE MARY FL 32746</b>		Mailing Address <b>595 HOLBROOK CIR. LAKE MARY FL 32746</b>			
2. Principal Place of Business <b>595 Holbrook Circle</b>		3. Mailing Address <b>SAME as Above</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Lake Mary</b>		City & State		4. FEI Number <b>NO-T APPLICABLE</b>	
Zip <b>Florida</b>	Country <b>USA</b>	Zip <b>32746</b>	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>NEGRON, MARIA M 2840 COPPER RIDGE CT LAKE MARY FL 32746</b>			7. Name and Address of New Registered Agent Name <b>Maria M. Negron</b> Street Address (P.O. Box Number is Not Acceptable) <b>595 Holbrook Circle</b> City <b>Lake Mary</b> FL Zip Code <b>32746</b>		
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 		<b>Maria M. Negron</b>		DATE <b>3-8-04</b>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T ROSS, PATRICIA J 6072 KITTIWAKE DRIVE LAKELAND FL 33809</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP ROBERTS, DANIEL 595 AVE. L S.E. WINTER HAVEN FL 33880</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D RAYMOND, BARBARA 2654 STATE PACK RD LAKELAND FL 33805</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D MILLER, TERESA 13021 CHETS CREEK DRIVE S. JACKSONVILLE FL 32224</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 		<b>Maria M. Negron</b>		DATE <b>03-08-04</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

407-947-9514