


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90061 031 \*\*\*\*70.00

<b>DOCUMENT # N00000003593</b>					
<b>1. Entity Name</b> DESTINY MINISTRIES INTERNATIONAL, INC.					
<b>Principal Place of Business</b> 2715 HAM BROWN ROAD KISSIMMEE, FL 34746			<b>Mailing Address</b> 2715 HAM BROWN ROAD KISSIMMEE, FL 34746		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3597100	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
GOSZLETH, LOUIS 2715 HAM BROWN ROAD KISSIMMEE, FL 34746			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> 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>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> D <b>NAME</b> ELLSWORTH, JEFFREY <b>STREET ADDRESS</b> 2715 HAM BROWN RD <b>CITY-ST-ZIP</b> KISSIMMEE, FL 34746	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> HEISEY, KURT <b>STREET ADDRESS</b> 121 WALNUT ST. <b>CITY-ST-ZIP</b> WESTFIELD, PA 16950	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> VD <b>NAME</b> ORSER, DANIEL <b>STREET ADDRESS</b> 2715 HAM BROWN RD <b>CITY-ST-ZIP</b> KISSIMMEE, FL 34746	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> SKILLETER, PAUL <b>STREET ADDRESS</b> 97 MEADOWS DR. <b>CITY-ST-ZIP</b> WARM SPRINGS, VA 24484	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> DAVIS, CHAD <b>STREET ADDRESS</b> 7732 GRANADA DR <b>CITY-ST-ZIP</b> FORT WAYNE, IN 46835	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> TD <b>NAME</b> TAYLOR, WILLIAM <b>STREET ADDRESS</b> 25167 ROSAMOND ST <b>CITY-ST-ZIP</b> PUNTA GORDA, FL 33983	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> CONNIS, MICK <b>STREET ADDRESS</b> 4221 SILVER PINES <b>CITY-ST-ZIP</b> KISSIMMEE, FL 34746	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> PD <b>NAME</b> GOSZLETH, LOUIS <b>STREET ADDRESS</b> 2715 HAM BROWN RD. <b>CITY-ST-ZIP</b> KISSIMMEE, FL 34746	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Louis J. Goszleth</u> <b>LOUIS J. GOSZLETH</b> 1/16/08 (407) 870-8092					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					