

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003593

FILED  
Mar 18, 2009  
Secretary of State

Entity Name: DESTINY MINISTRIES INTERNATIONAL, INC.

**Current Principal Place of Business:**

2715 HAM BROWN ROAD  
KISSIMMEE, FL 34746

**New Principal Place of Business:**

**Current Mailing Address:**

2715 HAM BROWN ROAD  
KISSIMMEE, FL 34746

**New Mailing Address:**

FEI Number: 59-3597100      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

GOSZLETH, LOUIS  
2715 HAM BROWN ROAD  
KISSIMMEE, FL 34746      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ELLSWORTH, JEFFREY  
Address: 2715 HAM BROWN RD  
City-St-Zip: KISSIMMEE, FL 34746

Title: VD ( ) Delete  
Name: ORSER, DANIEL  
Address: 2715 HAM BROWN RD  
City-St-Zip: KISSIMMEE, FL 34746

Title: D ( ) Delete  
Name: DAVIS, CHAD  
Address: 7732 GRANADA DR  
City-St-Zip: FORT WAYNE, IN 46835

Title: TD ( ) Delete  
Name: TAYLOR, WILLIAM  
Address: 25167 ROSAMOND ST  
City-St-Zip: PUNTA GORDA, FL 33983

Title: D ( ) Delete  
Name: CONNIS, MICK  
Address: 4221 SILVER PINES  
City-St-Zip: KISSIMMEE, FL 34746

Title: PD ( ) Delete  
Name: GOSZLETH, LOUIS  
Address: 2715 HAM BROWN RD.  
City-St-Zip: KISSIMMEE, FL 34746

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUIS GOSZLETH

PD

03/18/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date