

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005272

FILED  
May 02, 2007  
Secretary of State

Entity Name: DESTINY BY CHOICE INC.

**Current Principal Place of Business:**

1616 CROOKED STICK WAY  
WEST PALM BEACH, FL 33413 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 18573  
WEST PALM BEACH, FL 33416

**New Mailing Address:**

FEI Number: 03-0402998      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

THICKLIN, J R  
1616 CROOKED STICK WAY  
WEST PALM BEACH, FL 33413 US

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: DP ( ) Delete  
Name: WALKER, DOROTHY  
Address: 349 SE 3RD STREET  
City-St-Zip: BELLE GLADE, FL 33430

Title: DV ( ) Delete  
Name: WILSON, STEVE B  
Address: 609 SW 12TH STREET  
City-St-Zip: BELLE GLADE, FL 33430

Title: DT ( ) Delete  
Name: WALKER, SHIRLEY  
Address: 200 SW 9TH STREET  
City-St-Zip: BELLE GLADE, FL 33430

Title: CEBD ( ) Delete  
Name: THICKLIN, J R  
Address: 1616 CROOKED STICK WAY  
City-St-Zip: WEST PALM BEACH, FL 33413

Title: D ( ) Delete  
Name: WILLIAMS, CAROLYN  
Address: 1522 43RD STREET  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: VS ( ) Delete  
Name: THICKLIN, BALERIE L  
Address: 1616 CROOKED STICK WAY  
City-St-Zip: WEST PALM BEACH, FL 33413

**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: J.R. THICKLIN

CEO

05/02/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date