

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005293

FILED
Apr 28, 2009
Secretary of State

Entity Name: MEN OF DESTINY MINISTRIES, INC.

Current Principal Place of Business:

1102 10TH ST.
SAINT CLOUD, FL 34769 US

New Principal Place of Business:

Current Mailing Address:

4903 RAYLENE WAY
ST. CLOUD, FL 34771 US

New Mailing Address:

FEI Number: 59-3668071

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAFTER, GEORGE H
4903 RAYLENA WAY
SAINT CLOUD, FL 34771 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: PD () Delete
Name: SHAFTER, GEORGE H
Address: 4903 RAYLENE WAY
City-St-Zip: ST. CLOUD, FL 34771

Title: VD () Delete
Name: MARLATT, CRAIG
Address: 8451 AMELIA TRAIL
City-St-Zip: KISSIMMEE, FL 34747

Title: STD () Delete
Name: SHAFTER, TONJIA
Address: 4903 RAYLENE WAY
City-St-Zip: ST. CLOUD, FL 347710890

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:

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: GEORGE H SHAFTER

PD

04/28/2009

Electronic Signature of Signing Officer or Director

Date