2002 UNIFORM BUSINESS REPORT (UBR) FILED May 06, 2002 8:00 am Secretary of State DOCUMENT # N0000006828 1. Entity Name DESTINY FOUNDATION OF CENTRAL FLORIDA, INC. 05-06-2002 90270 026 ****61.25 Principal Place of Business Mailing Address 2200 SOUTH ORANGE AVE. 2200 SOUTH ORANGE AVE. ORLANDO FL 32806 ORLANDO FL 32806 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3731057 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name PITTS, NEAL P ESQ Street Address (P.O. Box Number is Not Acceptable) 2200 SOUTH ORANGE AVE. ORLANDO FL 32806 Zip Code FL 8. The above named e mits this statem ourpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Make Check Payable to Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD TITLE Delete TITI F Addition GEORGE, J. SCOTT **NAME** Knight, Wendell NAME STREET ADDRESS hanse 130 GALAHAD LANE 3713 PICKNIK Drive STREET ADDRESS CITY-ST-ZIP MAITLAND FL 32751 CITY-ST-ZIP Orlando, Delete TITLE ☐ Change **X** Addition NAME GLASS, J D Rudasill, Chris STREET ADDRESS 2010 GERONIMO TRAIL STREET ADDRESS CITY-ST-ZIP MAITLAND FL 32751 CITY-ST-ZIP TITLE TITLE Change Addition GEORGE, JAMES NAME NAME Taylor, Sutt STREET ADDRESS 5101 ANDREA BLVD STREET ADDRESS 534 Cascade Circle, # 102 CITY-ST-7IP ORLANDO FL 32807 CITY-ST-ZIP Casselberry, FL. 32707 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME Lamprecht, Hilgardt 513 Brett Court Briando, FL. 32828 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition . NAME Taylor, Darel STREET ADDRESS STREET ADDRESS 110 Springside CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE NAME Mac Inness, Bruce NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all orier like empowered.

CITY-ST-ZIP

Winter

SIGNATURE:

CITY-ST-ZIP

SIGNATUR DIRSIOH J. George SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-540-9150

(9/01)

Attachment It N 0000006828

11.(con+)

John Rohrbach

addition

Navigant Consulting Inc. 3113 Lawton Rd. Suite 130 Orlando, FL 32803 407-620-8133

Kris George

2239 Chippewa Trail Maitland, FL 32807 407-629-9056 add:tim

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