

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90673 010 ****61.25

DOCUMENT # N00000006828

1. Entity Name
DESTINY FOUNDATION OF CENTRAL FLORIDA, INC.



Principal Place of Business
**150 W. MICHIGAN ST.
ORLANDO, FL 32806**

Mailing Address
**7540 GRAND AVE.
WINTER PARK, FL 32792**

J4070001



04292004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3731057	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**PITTS, NEAL P ESQ
7540 GRAND AVE.
WINTER PARK, FL 32792**

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GEORGE, J. SCOTT 130 GALAHAD LANE MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEORGE, KRIS 2239 CHIPPEWA TR. MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM KNIGHT, WENDELL 3713 PICKNIK DRIVE ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, DAREL 110 SPRINGSIDE CT. LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, SCOTT 221 E. MURIEL ST. ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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.

SIGNATURE: *Wendell Knight* **WENDELL KNIGHT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **4/28/04** **(407) 849-0079**
Date Daytime Phone #