2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 10, 2006
Secretary of State

DOCUMENT# N00000006828

Entity Name: DESTINY FOUNDATION OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

150 W. MICHIGAN ST.
ORLANDO, FL 32806

New Principal Place of Business:

Current Mailing Address:

150 W. MICHIGAN ST.
ORLANDO, FL 32806

New Mailing Address:

FEI Number: 59-3731057 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KNIGHT, CREIGHTON W
150 W. MICHIGAN ST.
ORLANDO, FL 32806 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: PRES ( ) Delete
Name: BAILEY, ANDRAE J
Address: 150 W. MICHIGAN STREET
City-St-Zip: ORLANDO, FL 32806

Title: VP ( ) Delete
Name: FREITAS, MARK
Address: 150 W. MICHIGAN STREET
City-St-Zip: ORLANDO, FL 32806

Title: D ( ) Delete
Name: MACGINNIS, BRUCE
Address: 150 W. MICHIGAN STREET
City-St-Zip: ORLANDO, FL 32806

Title: D ( ) Delete
Name: VAN WAGNER, RICK
Address: 150 W. MICHIGAN STREET
City-St-Zip: ORLANDO, FL 32806

Title: D ( ) Delete
Name: SARMIENTO, CARLOS
Address: 150 W. MICHIGAN STREET
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: FILLINGHAM, WILL
Address: 150 W. MICHIGAN STREET
City-St-Zip: ORLANDO, FL 32806

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 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: ANDRAE BAILEY PRES 04/10/2006

Electronic Signature of Signing Officer or Director — Date