

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 13 PM 12:49

DOCUMENT # N00000006828 1. Entity Name DESTINY FOUNDATION OF CENTRAL FLORIDA, INC.					
Principal Place of Business 150 W. MICHIGAN ST. SUITE A ORLANDO, FL 32806			Mailing Address 150 W. MICHIGAN ST. SUITE A ORLANDO, FL 32806		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3731057	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LOBSINGER, KARI 150 W. MICHIGAN ST. ORLANDO, FL 32806					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code					
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: <u>Kari Jobsinger</u> DATE: <u>4/22/08</u> <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GEORGE, JAMES S 150 W. MICHIGAN STREET ORLANDO, FL 32806	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Curtis Hodges Director 150 W. Michigan St. Orlando, FL 32806	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNT, AUSTIN 1050 OLD DIXIE HWY SW VERO BEACH, FL 32962	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Kurt Brewer 150 W. Michigan St. Orlando, FL 32806	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FUGETT, MARK 150 W. MICHIGAN ST. ORLANDO, FL 32806	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director KHS George 150 W. Michigan St. Orlando, FL 32806	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALLAGHER, MIKE 150 W. MICHIGAN ST. ORLANDO, FL 32806	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000129221420 05/13/08--01032--002 **61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RHODES, RHONDA 150 W. MICHIGAN ST. ORLANDO, FL 32806	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TROTTER, BRENT 150 W. MICHIGAN ST. ORLANDO, FL 32806	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>[Signature]</u>			4/23/08 Date Daytime Phone #		

5/20/08