

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006828

FILED
Jan 29, 2009
Secretary of State

Entity Name: DESTINY FOUNDATION OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

150 W. MICHIGAN ST.
SUITE A
ORLANDO, FL 32806

New Principal Place of Business:

Current Mailing Address:

150 W. MICHIGAN ST.
SUITE A
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:

LOBSINGER, KARI
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: P () Delete
Name: GEORGE, JAMES S
Address: 150 W. MICHIGAN STREET
City-St-Zip: ORLANDO, FL 32806

Title: D () Delete
Name: HUNT, AUSTIN
Address: 1050 OLD DIXIE HWY SW
City-St-Zip: VERO BEACH, FL 32962

Title: D () Delete
Name: FUGETT, MARK
Address: 150 W. MICHIGAN ST.
City-St-Zip: ORLANDO, FL 32806

Title: D () Delete
Name: GALLAGHER, MIKE
Address: 150 W. MICHIGAN ST.
City-St-Zip: ORLANDO, FL 32806

Title: D () Delete
Name: RHODES, RHONDA
Address: 150 W. MICHIGAN ST.
City-St-Zip: ORLANDO, FL 32806

Title: D () Delete
Name: TROTTER, BRENT
Address: 150 W. MICHIGAN ST.
City-St-Zip: ORLANDO, FL 32806

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:

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: SCOTT GEORGE

P

01/29/2009

Electronic Signature of Signing Officer or Director

Date