2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State
02-06-2003 90145 001 *****8.75
02-06-2003 90145 002 ****61.25

DOCUMENT # N00000006828

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

Principal Place of Business	Mailing Address
2200 SOUTH ORANGE AVE. ORLANDO FL 32806	2200 SOUTH ORANGE AVE. ORLANDO FL 32806

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
150 W. MICHIGAN ST.	7540 GRAND AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO	City & State: WINTER PARK
Zip: 32806 Country: ORANGE	Zip: 32792 Country: SEMINOLE

4. FEI Number 59-3731057 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PITTS, NEAL P ESQ 2200 SOUTH ORANGE AVE. ORLANDO FL 32806	Name: PITTS, NEAL P. ESQ Street Address (P.O. Box Number is Not Acceptable): 7540 GRAND AVE. City: WINTER PARK FL Zip Code: 32792

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: Neal P. Pitts 1/21/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PD GEORGE, J. SCOTT 130 GALAHAD LANE MAITLAND FL 32751	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TAYLOR, SCOTT 221 E. MURIEL ST. ORLANDO, FL 32806	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GLASS, J D 2010 GERONIMO TRAIL MAITLAND FL 32751	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. GEORGE, KRIS 2239 CHIPPEWA TR. MAITLAND, FL 32751	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GEORGE, JAMES 5101 ANDREA BLVD ORLANDO FL 32807	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. TAYLOR, DAREL 110 SPRINGSIDE CT. LONGWOOD, FL 32779	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DM KNIGHT, WENDELL 3713 PICKNIK DRIVE ORLANDO FL 32817	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RUDASILL, CHRIS 600 BRECHIN DRIVE WINTER PARK FL 32792	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TAYLOR, SCOTT 534 CASCADE CIRCLE #102 CASSELBERRY FL 32707	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: SIGNATURE REQUIRED 1/21/03 407 677 9842
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #