

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007063

FILED
Mar 29, 2009
Secretary of State

Entity Name: DESTINY FULFILLED INTERNATIONAL MINISTRIES, INC.

Current Principal Place of Business:

3166 LAYLA STREET
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

P O BOX 180687
TALLAHASSEE, FL 32318

New Mailing Address:

FEI Number: 59-3684020

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABBOTT, KRISTA L
3166 LAYLA STREET
TALLAHASSEE, FL 32303 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: PD () Delete
Name: ABBOTT, KRISTA L REV
Address: 3166 LAYLA STREET
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: ABBOTT, JOANNA R
Address: 3166 LAYLA STREET
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: ABBOTT, SONNY B
Address: 3166 LAYLA STREET
City-St-Zip: TALLAHASSEE, FL 32303

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change () Addition
Name: ABBOTT, JOANNA R
Address: 3166 LAYLA STREET
City-St-Zip: TALLAHASSEE, FL 32303

Title: SD (X) Change () Addition
Name: LOLLEY, GAIL
Address: 625 N. CALHOUN STREET
City-St-Zip: QUINCY, FL 32351

Title: D () Change (X) Addition
Name: HUNTER, JOAN
Address: 14634 FISHERS COVE
City-St-Zip: PINEHURST, TX 77362

Title: D () Change (X) Addition
Name: MAYNARD, BRENDA
Address: 2989 FOXCROFT DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

Title: D () Change (X) Addition
Name: ROCHE, CHRISTOPHER
Address: 4775 ARGONNE STREET Q-106
City-St-Zip: DENVER, CO 80017

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: KRISTA L. ABBOTT

PD

03/29/2009

Electronic Signature of Signing Officer or Director

Date