2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N00000008440

Entity Name: DESTINY NOW MINISTRIES, INC.

Current Principal Place of Business:

67 SANTA BARBARA AVE
SANTA ROSA BCH, FL 32459

New Principal Place of Business:

Current Mailing Address:

PO BOX 1618
SANTA ROSA BCH, FL 32459

New Mailing Address:

FEI Number: 59-3689151 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SHEEHAN, GALE R
67 SANTA BARBARA AVE
SANTA ROSA BCH, FL 32459 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: DP ( ) Delete
Name: SHEEHAN, GALE R
Address: 67 SANTA BARBARA AVE
City-St-Zip: SANTA ROSA BCH, FL 32459

Title: DV ( ) Delete
Name: DAVIS, JIM DR
Address: 10085 IRONBRIDGE DR
City-St-Zip: LEXINGTON, KY 40515

Title: D ( ) Delete
Name: JOHNSON, CHARLIE
Address: 5 HAMON AVE
City-St-Zip: SANTA ROSA BCH, FL 32549

Title: ST ( ) Delete
Name: SHEEHAN, SHELLY
Address: 67 SANTA BARBARA AVE
City-St-Zip: SANTA ROSA BCH, FL 32459

Title: D ( ) Delete
Name: HAMON, TOM
Address: 5200 HWY 98 EAST
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D ( ) Delete
Name: HAMON, JANE
Address: 5200 HWY 98 EAST
City-St-Zip: SANTA ROSA BEACH, FL 32459

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: GALE R. SHEEHAN DP 04/21/2009

Electronic Signature of Signing Officer or Director — Date