

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008440

FILED  
Feb 19, 2012  
Secretary of State

**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  
**Name:** SHEEHAN, GALE R  
**Address:** 67 SANTA BARBARA AVE  
**City-St-Zip:** SANTA ROSA BCH, FL 32459

**Title:** DV  
**Name:** HAMON, TOM  
**Address:** 5200 E HIGHWAY 98  
**City-St-Zip:** SANTA ROSA BEACH, FL 32459

**Title:** D  
**Name:** HAMON, TIM DR.  
**Address:** 177 APOSTLES WAY  
**City-St-Zip:** SANTA ROSA BCH, FL 32549

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** GALE R. SHEEHAN

PRES

02/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date