

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

UBR/RSU

DOCUMENT # N01000003224

1. Entity Name

FAMILIES OF DESTINY INTERNATIONAL, INC.

04-29-2002 90094 003 ****61.25

Principal Place of Business

Mailing Address

**907 CATSKILL LANE
 PENSACOLA FL 32507**

**907 CATSKILL LANE
 PENSACOLA FL 32507**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-3713996

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**FISCHER, CRAIG J
 907 CATSKILL LANE
 PENSACOLA FL 32507**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

SIGNATURE

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D <input type="checkbox"/> Delete
NAME	FISCHER, CRAIG J
STREET ADDRESS	907 CATSKILL LANE
CITY-ST-ZIP	PENSACOLA FL 32507
TITLE	D <input type="checkbox"/> Delete
NAME	FISCHER, JAN R
STREET ADDRESS	907 CATSKILL LANE
CITY-ST-ZIP	PENSACOLA FL 32507
TITLE	D <input type="checkbox"/> Delete
NAME	FISHER, ROGER
STREET ADDRESS	5292 WILD INDIGO WAY
CITY-ST-ZIP	ACWORTH GA 30102
TITLE	D <input type="checkbox"/> Delete
NAME	TYRDIK, MICHELLE
STREET ADDRESS	1947 CORAL CREEK RD
CITY-ST-ZIP	PENSACOLA FL 32508
TITLE	D <input type="checkbox"/> Delete
NAME	WHITEHEAD, STEVE
STREET ADDRESS	P O BOX 938
CITY-ST-ZIP	LILLIAN AL 30102
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E037 (9/01)

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

4-14-02 850-492-6370

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR