

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003224

FILED  
May 03, 2006  
Secretary of State

Entity Name: FAMILIES OF DESTINY INTERNATIONAL, INC.

**Current Principal Place of Business:**

2011 SOUTH 194TH STREET  
OMAHA, NE 68130

**New Principal Place of Business:**

**Current Mailing Address:**

2011 SOUTH 194TH STREET  
OMAHA, NE 68130

**New Mailing Address:**

FEI Number: 59-3713996      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

WEAVER, WESLEY J  
609 DUNDEE DRIVE  
PENSACOLA, FL 32507      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: D      ( ) Delete  
Name: FISCHER, CRAIG J  
Address: 2011 SOUTH 194TH STREET  
City-St-Zip: OMAHA, NE 68130

Title: D      ( ) Delete  
Name: FISCHER, JAN R  
Address: 2011 SOUTH 194TH STREET  
City-St-Zip: OMAHA, NE 68130

Title: D      ( ) Delete  
Name: FISHER, ROGER  
Address: 5292 WILD INDIGO WAY  
City-St-Zip: ACWORTH, GA 30102

Title: D      ( ) Delete  
Name: TVIRDIK, MICHELLE  
Address: 1947 CORAL CREEK RD  
City-St-Zip: PENSACOLA, FL 32506

Title: D      ( ) Delete  
Name: WHITEHEAD, STEVE  
Address: P O BOX 938  
City-St-Zip: LILLIAN, AL 30102

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: CRAIG JOHN FISCHER

PRES

05/03/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date