

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90180 037 \*\*\*\*61.25

**DOCUMENT # N01000003224**



1. Entity Name  
**FAMILIES OF DESTINY INTERNATIONAL, INC.**

Principal Place of Business      Mailing Address  
**907 CATSKILL LANE      907 CATSKILL LANE**  
**PENSACOLA FL 32507      PENSACOLA FL 32507**

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3713996**      Applied For  
Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FISCHER, CRAIG J</b>	
STREET ADDRESS	<b>907 CATSKILL LANE</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32507</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FISCHER, JAN R</b>	
STREET ADDRESS	<b>907 CATSKILL LANE</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32507</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FISHER, ROGER</b>	
STREET ADDRESS	<b>5292 WILD INDIGO WAY</b>	
CITY-ST-ZIP	<b>ACWORTH GA 30102</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TVIRDIK, MICHELLE</b>	
STREET ADDRESS	<b>1947 CORAL CREEK RD</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32506</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WHITEHEAD, STEVE</b>	
STREET ADDRESS	<b>P O BOX 938</b>	
CITY-ST-ZIP	<b>LILLIAN AL 30102</b>	
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
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STREET ADDRESS		
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TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *CRAIG FISCHER*      **850-2303-492-6370**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (10/02)