

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90259 002 ****70.00

DOCUMENT # N01000005257

1. Entity Name

DESTINY PEOPLE WORSHIP CENTER, INC.

Principal Place of Business

Mailing Address

P O BOX 582
 GLEN ST MARY FL 32040-582

P O BOX 582
 GLEN ST MARY FL 32040-582

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3740307

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAGAN, M DAVID JR
~~7840 WOODLAWN RD~~
MACCLENNY FL 32063

*** ADDRESS CHANGE ***
711 SHORTPUTT DR.

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	RAGAN, M DAVID JR	
STREET ADDRESS	P O BOX 582	
CITY-ST-ZIP	GLEN ST MARY FL 32040-582	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARROLL, ROBERT J	
STREET ADDRESS	2936 SYRACUSE AVE	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAGAN, JENNIFER C	
STREET ADDRESS	P O BOX 582	
CITY-ST-ZIP	GLEN ST MARY FL 32040-582	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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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 information.

SIGNATURE: _____

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID RAGAN JR. 04.20.02 904-868-3655

Date

Daytime Phone #

CR2E037 (9/01)