

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

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

0063304

05-01-2003 90769 029 \*\*\*\*61.25

**DOCUMENT # NO1000005257**

1. Entity Name

**DESTINY PEOPLE WORSHIP CENTER, INC.**



Principal Place of Business

**P O BOX 582  
GLEN ST MARY FL 32040-582**

Mailing Address

**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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RAGAN, M DAVID JR  
711 SHORPUTT DR.  
MACCLENNY FL 32063**

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

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]* **M. DAVID JR** **04-28-03** **904-658-2379**

CR2E037 (10/02)