

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001935

FILED
Apr 23, 2008
Secretary of State

Entity Name: DESTINY WORSHIP CENTER, INC.

Current Principal Place of Business:

122 POINCIANA BLVD.
MIRAMAR BEACH, FL 32550

New Principal Place of Business:

Current Mailing Address:

PO BOX 6340
MIRAMAR BEACH, FL 32550

New Mailing Address:

FEI Number: 59-3741856

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VAGGALIS, STEVE
373 GOLFFVIEW DRIVE
MIRAMAR BEACH, FL 32550 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: P () Delete
Name: VAGGALIS, STEVE
Address: 373 GOLFFVIEW DRIVE
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: ST () Delete
Name: VAGGALIS, JACKIE
Address: 373 GOLFFVIEW DRIVE
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: VP () Delete
Name: BENAQUIS, JOHN
Address: 202 PILGRIM DR
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: D () Delete
Name: GUAGLIARDO, KEITH
Address: 110 PRISCILLA DR
City-St-Zip: FT WALTON BEACH, FL 32547

Title: D () Delete
Name: PONDER, MEL
Address: 253 LEANING PINES LOOP
City-St-Zip: DESTIN, FL 32541

Title: D () Delete
Name: GAMMILL, DANA
Address: 4111 38TH STREET NW
City-St-Zip: CANTON, OH 44718

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:

Title: D (X) Change () Addition
Name: ASPRODITES, WAYNE
Address: 387 GOLFFVIEW DR
City-St-Zip: MIRAMAR BEACH, FL 32550

I hereby certify that the information supplied with this filing does not qualify 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: JACKIE VAGGALIS

ST

04/23/2008

Electronic Signature of Signing Officer or Director

Date