

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004870

Entity Name: CREATIVE DESTINY INSTITUTE, INC.

FILED  
Apr 23, 2004  
Secretary of State

**Current Principal Place of Business:**

516 RAMSDELL AVENUE  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

516 RAMSDELL AVENUE  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

FEI Number: 01-0721643

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MULLEN, DENISE J  
516 RAMSDELL AVENUE  
ALTAMONTE SPRINGS, FL 32714 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: MULLEN, DENISE J  
Address: 516 RAMSDELL AVENUE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: SD ( ) Delete  
Name: MULLEN, MICHAEL W  
Address: P.O. BOX 162292  
City-St-Zip: ALTAMONTE SPRINGS, FL 32716

Title: TD ( ) Delete  
Name: SHEFFIELD, MICHELLE  
Address: 515 RAMSDELL AVENUE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D ( ) Delete  
Name: NELSON, YVONNE  
Address: 7714 GEORGIA PEACH DRIVE #18104  
City-St-Zip: WINTER PARK, FL 32792

Title: D ( ) Delete  
Name: RAINEY-PANTOR, JUDITH  
Address: 1038 W. 18TH STREET  
City-St-Zip: ORLANDO, FL 32805

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: MULLEN, DENISE J  
Address: 516 RAMSDELL AVENUE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: NELSON, YVONNE  
Address: 8224 SOMMERVILLE DR  
City-St-Zip: ORLANDO, FL 32829

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 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 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: DENISE MULLEN

PD

04/23/2004

Electronic Signature of Signing Officer or Director

Date