

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

FILED
May 27, 2003 8:00 am
Secretary of State

04-30-2003 90107 031 ****70.00

DOCUMENT # N02000004870

1. Entity Name

CREATIVE DESTINY INSTITUTE, INC.



Principal Place of Business
**516 RAMSDALL AVENUE
ALTAMONTE SPRINGS FL 32714**

Mailing Address
**516 RAMSDALL AVENUE
ALTAMONTE SPRINGS FL 32714**

55043880

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

01-0721643

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

**MULLEN, DENISE J
516 RAMSDALL AVENUE
ALTAMONTE SPRINGS FL 32714**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MULLEN, DENISE J	<i>Director</i>
STREET ADDRESS	516 RAMSDALL AVENUE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	VD, SECRETARY	<input type="checkbox"/> Delete
NAME	MULLEN, MICHAEL W	<i>Director</i>
STREET ADDRESS	P.O. BOX 182282	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32718	
TITLE	SECD	<input checked="" type="checkbox"/> Delete
NAME	MULLEN, CURTIS R	
STREET ADDRESS	210 WOOD WORTH AVE. #87	
CITY-ST-ZIP	FRANKTON IN 48044	
TITLE	Michelle Sheffield, Treasurer	<input type="checkbox"/> Delete
NAME	515 Ramsdell Ave	<i>Director</i>
STREET ADDRESS	ALTAMONTE SPRINGS, FL 32714	
CITY-ST-ZIP		
TITLE	Yvonne Nelson	<input type="checkbox"/> Delete
NAME	7714 Georgia Peach Dr. #18104	
STREET ADDRESS	Winter Park, FL 32792	<i>Director</i>
CITY-ST-ZIP		
TITLE	Judith Rainey, Pastor	<input type="checkbox"/> Delete
NAME	632 W. 18th St.	<i>Director</i>
STREET ADDRESS	Orlando, FL 32805	
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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:

REQUIRE

4-29-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)