2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000004982

1. Entity Name
DESTINATION DESTINY INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
6285 SE 118 PLACE BELLEVIEW, FL 34420	6285 SE 118 PLACE BELLEVIEW, FL 34420

01172005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

EVANS, RONALD L
312 S 61 AVE
PENSACOLA, FL 32546

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	VANKOEVERING, JOE
STREET ADDRESS	3933 DARMOUNTH AVE, N
CITY-ST-ZIP	ST PETERSBURG, FL 33713
TITLE	D
NAME	RAMBISOON, AMAR
STREET ADDRESS	8825 AD MIMS RD
CITY-ST-ZIP	ORLANDO, FL 32818
TITLE	D
NAME	MATTHEWS, JONATHAN
STREET ADDRESS	2541 54 AVE S
CITY-ST-ZIP	ST PETERSBURG, FL 33701
TITLE	P
NAME	EVANS, RONALD L
STREET ADDRESS	6285 SE 118 PLACE
CITY-ST-ZIP	BELLEVIEW, FL 34420
TITLE	V
NAME	EVANS, JULIE A
STREET ADDRESS	6285 SE 118 PLACE
CITY-ST-ZIP	BELLEVIEW, FL 34420
TITLE	ST
NAME	KING, POLLY A
STREET ADDRESS	312 S 61 AVE
CITY-ST-ZIP	PENSACOLA, FL 32506

U00000360551
05/05/05-80035-018 61.25

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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: _____ 4/10/05 352-873-3862
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #