


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N02000007635	
1. Entity Name HOLY DESTINY CHURCH OF GOD IN CHRIST, INC.	

Principal Place of Business 8159 ARLINGTON EXPRESSWAY #4 JACKSONVILLE, FL 32211	Mailing Address 1556 N PEARL ST JACKSONVILLE, FL
--	--

**DO NOT WRITE IN THIS SPACE**



02162005 No Chg-NP CR2E037 (10/03)

4. FEI Number 06-1651621	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent  NESBITT, JANICE C 1556 N PEARL ST JACKSONVILLE, FL
---

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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 NAME STREET ADDRESS CITY - ST - ZIP	DP NESBITT, GIRARDEAU F SR 1556 N PEARL ST JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVT NESBITT, JANICE C 1556 N PEARL ST JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS NESBITT-QUIROS, AAVA 1556 N PEARL ST JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS NESBITT, ADIA 1556 N PEARL ST JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NESBITT, GIRARDEAU F JR 1556 N PEARL ST JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BLACKMON, JOSELITA 1556 N PEARL ST JACKSONVILLE, FL

000000239117  
02/22/05-80030-021 61.25

**DO NOT WRITE  
IN THIS SPACE**

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: Janice C. Nesbitt Janice C. Nesbitt 2/17/05 721-9077  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #