

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001499

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: DESTINED FOR A CHANGE, INC

## Current Principal Place of Business:

1809 PHOENIX AVENUE  
# 1  
JACKSONVILLE, FL 32206

## New Principal Place of Business:

## Current Mailing Address:

539 ESTES ROAD  
JACKSONVILLE, FL 32208 US

## New Mailing Address:

FEI Number: 11-3671487

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LATTIMORE, JACQUELINE A  
539 ESTES RD.  
JACKSONVILLE, FL 32208 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: PSTD ( ) Delete  
Name: LATTIMORE, JACQUELINE A  
Address: 539 ESTES RD.  
City-St-Zip: JACKSONVILLE, FL 32206

Title: VP ( ) Delete  
Name: LATTIMORE, LUCIUS  
Address: 539 ESTES RD.  
City-St-Zip: JACKSONVILLE, FL 32206

Title: T ( ) Delete  
Name: WILLIAMS, ALICE  
Address: 422 W 63RD STREET  
City-St-Zip: JACKSONVILLE, FL 32208

Title: ST ( ) Delete  
Name: GOGGINS, GWENDOLYN A  
Address: 6434 TERSA AVENUE  
City-St-Zip: JACKSONVILLE, FL 32208

## 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:

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: JACQUELINE A. LATTIMORE

PD

04/22/2009

Electronic Signature of Signing Officer or Director

Date