


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2004 8:00 am
Secretary of State

09-09-2004 90004 005 ****70.00

DOCUMENT # N03000002258 1. Entity Name DESTINY LEARNING AND EDUCATIONAL CENTER INC.					
Principal Place of Business 3015 HICKORY GLEN DRIVE ORANGE PARK, FL 32065			Mailing Address 3015 HICKORY GLEN DRIVE ORANGE PARK, FL 32065		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DORNES, MARY 3015 HICKORY GLEN DRIVE ORANGE PARK, FL 32065				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 <u><i>Mary Dornes</i></u> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DORNES, MARY 3015 HICKORY GLEN DRIVE ORANGE PARK, FL 32065	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Dr. Mary Dornes 3015 Hickory Glen Dr. Orange Park FL 32065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FORD, SANDRA 3015 HICKORY GLEN DRIVE ORANGE PARK, FL 32065	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STC Kimberly A. Jones 3030 Hickory Glen Dr. Orange Park FL 32065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COOK, ANTWAIN 3015 HICKORY GLEN DRIVE ORANGE PARK, FL 32065	<input checked="" type="checkbox"/> Delete <i>OK TO STAY</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V President Ricardo Dornes 3015 Hickory Glen Dr. Orange Park FL 32065
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE 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: <u><i>Mary Dornes</i></u> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				Date <u>9/2/04</u> Daytime Phone # <u>904 874-9063</u> <u>904-213-4277</u>	

54072096



07212004 Chg-NP CR2E037 (10/03)

4. FEI Number applying
Doing Paper Work Applied For
Not Applicable

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