

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002258

FILED
Aug 29, 2005
Secretary of State

Entity Name: DESTINY LEARNING AND EDUCATIONAL CENTER INC.

Current Principal Place of Business:

3015 HICKORY GLEN DRIVE
ORANGE PARK, FL 32065

New Principal Place of Business:

Current Mailing Address:

3015 HICKORY GLEN DRIVE
ORANGE PARK, FL 32065

New Mailing Address:

FEI Number: 74-3093719 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DORNES, MARY
3015 HICKORY GLEN DRIVE
ORANGE PARK, FL 32065 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: P () Delete
Name: DORNES, MARY
Address: 3015 HICKORY GLEN DRIVE
City-St-Zip: ORANGE PARK, FL 32065

Title: SC () Delete
Name: JONES, KIMBERLY A
Address: 3030 HICKORY GLEN DR.
City-St-Zip: ORANGE PARK, FL 32065

Title: T () Delete
Name: COOK, ANTWAIN
Address: 3015 HICKORY GLEN DRIVE
City-St-Zip: ORANGE PARK, FL 32065

Title: PD () Delete
Name: DORNES, DR. MARY
Address: 3015 HICKORY GLEN DR.
City-St-Zip: ORANGE PARK, FL 32065

Title: VP (X) Delete
Name: DORNES, RICARDO
Address: 3015 HICKORY GLEN DR.
City-St-Zip: ORANGE PARK, FL 32065

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KIMBERLY A. JONES

SC

08/29/2005

Electronic Signature of Signing Officer or Director

Date