

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004844

Entity Name: DESTINY CHRISTIAN UNIVERSITY, INC.

FILED
Apr 09, 2004
Secretary of State

Current Principal Place of Business:

890 NW 168 AVE
PEMBROKE PINES, FL 33028

New Principal Place of Business:

21113 JOHNSON ST.
101
PEMBROKE PINES, FL 33029

Current Mailing Address:

890 NW 168 AVE
PEMBROKE PINES, FL 33028

New Mailing Address:

FEI Number: 20-0143774 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLEN, DEBRA A DR.
890 NW 168 AVE
PEMBROKE PINES, FL 33028

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: D () Delete
Name: ALLEN, DEBRA DR.
Address: 890 NW 168 AVE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D () Delete
Name: BRANCH, ELECTA
Address: 3345 N STATE HWY 239
City-St-Zip: BLYTHEVILLE, AR 72315

Title: D () Delete
Name: BRASSFIELD, PHILIP
Address: 1009 TRAILWOOD
City-St-Zip: HEBER SPRINGS, AR 72543

Title: D () Delete
Name: GOLPHIN, RAYMOND
Address: 2301 PEABODY
City-St-Zip: BLYTHEVILLE, AR 72315

Title: D () Delete
Name: LANE-JOHNSON, ELIZABETH DR.
Address: 4405 LORING RD
City-St-Zip: VIRGINIA BCH, VA 23456

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ALLEN, DEBRA DR.
Address: 890 NW 168 AVE
City-St-Zip: PEMBROKE PINES, FL 33028

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: DR. DEBRA ALLEN

PD

04/09/2004

Electronic Signature of Signing Officer or Director

Date