


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90287 025 ****61.25

DOCUMENT # N03000004844 1. Entity Name DESTINY CHRISTIAN UNIVERSITY, INC.					
Principal Place of Business 21113 JOHNSON ST. 101 PEMBROKE PINES, FL 33029			Mailing Address 890 NW 168 AVE PEMBROKE PINES, FL 33028		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ALLEN, DEBRA A DR. 890 NW 168 AVE PEMBROKE PINES, FL 33028				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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)					
Filing Fee is \$61.25 Due by September 6, 2006		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	PD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALLEN, DEBRA DR.		NAME		
STREET ADDRESS	890 NW 168 AVE		STREET ADDRESS		
CITY - ST - ZIP	PEMBROKE PINES, FL 33028		CITY - ST - ZIP		
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRANCH, ELECTA		NAME		
STREET ADDRESS	3345 N STATE HWY 239		STREET ADDRESS		
CITY - ST - ZIP	BLYTHEVILLE, AR 72315		CITY - ST - ZIP		
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRASSFIELD, PHILIP		NAME		
STREET ADDRESS	1009 TRAILWOOD		STREET ADDRESS		
CITY - ST - ZIP	HEBER SPRINGS, AR 72543		CITY - ST - ZIP		
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOLPHIN, RAYMOND		NAME		
STREET ADDRESS	2301 PEABODY		STREET ADDRESS		
CITY - ST - ZIP	BLYTHEVILLE, AR 72315		CITY - ST - ZIP		
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LANE-JOHNSON, ELIZABETH DR.		NAME		
STREET ADDRESS	4405 LORING RD		STREET ADDRESS		
CITY - ST - ZIP	VIRGINIA BCH, VA 23456		CITY - ST - ZIP		
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Woodard I. Warren		NAME		
STREET ADDRESS	10526 NW 10th St		STREET ADDRESS		
CITY - ST - ZIP	Plantation, FL 33324		CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Debra A. Allen</i>			Date: <i>5/8/06</i> Daytime Phone #: <i>954-431-3350</i>		

ATTACHMENT 40087352

NO300000041844

D
Elizabeth Gibson
15825 SW 3rd Court 9-201
Pembroke Pines, FL 33027