2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2010
Secretary of State

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Entity Name: DESTINY CHRISTIAN UNIVERSITY, INC.

Current Principal Place of Business:

540 NE 8TH STREET
FT LAUDERDALE, FL 33304

New Principal Place of Business:

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

Title: D
Name: GIBSON, ELIZABETH
Address: 890 NW 168TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33028

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

Title: D
Name: GOLPHIN, RAYMOND
Address: 1105 TERRY LANE
City-St-Zip: BLYTHEVILLE, AR 72315

Title: D
Name: JONES, CHANDRIA
Address: 11550 ALDBURG WAY
City-St-Zip: GERMANTOWN, MD 20876

Title: D
Name: WARREN, WOODY
Address: 1730 S SR 7, APT 203
City-St-Zip: N LAUDERDALE, FL 33068

I hereby 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 all other like empowered.

SIGNATURE: DR DEBRA A ALLEN PD 04/19/2010

Electronic Signature of Signing Officer or Director Date