

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004844

FILED  
May 01, 2012  
Secretary of State

**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:** 110 NOWELL DRIVE  
**City-St-Zip:** FAIRBURN, GA 30213

**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 UN

**Title:** D  
**Name:** BROWN, CLARICE  
**Address:** 1742 NW 29TH WAY  
**City-St-Zip:** FT LAUDERDALE, FL 33311 UN

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

05/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date