

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005057

FILED  
Sep 02, 2008  
Secretary of State

**Entity Name:** CALLED TO DESTINY INTERNATIONAL SCHOOL OF MINISTRIES INC.

**Current Principal Place of Business:**

5529 N.W. 44 WAY  
COCONUTCREEK, FL 330735010 BR

**New Principal Place of Business:**

2925 S.W. 22 AVE  
202  
DELRAY BEACH, FL 33445 PB

**Current Mailing Address:**

5529 NW 44TH WAY  
COCONUT CREEK, FL 33073

**New Mailing Address:**

P.O. BOX 7354  
DELRAY BEACH, FL 33482 PB

**FEI Number:** 20-1218115 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
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:**

SAPP, CALVIN JR  
5529 NW 44TH WAY  
COCONUT CREEK, FL 33073 US

**Name and Address of New Registered Agent:**

SAPP, CALVIN JR  
2925 S.W. 22 AVE.  
202  
DELRAY BEACH, FL 33445 US

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:

09/02/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CEO ( ) Delete  
Name: SAPP, CALVIN JR  
Address: 5529 NW 44TH WAY  
City-St-Zip: COCONUT CREEK, FL 33073

Title: PD ( ) Delete  
Name: SAPP, BONNIE  
Address: 5529 NW 44TH WAY  
City-St-Zip: COCONUT CREEK, FL 33073

Title: SD ( ) Delete  
Name: WILSON, EUNICE  
Address: 3286 NW 41ST ST  
City-St-Zip: FT LAUDERDALE, FL 33309

Title: TD ( ) Delete  
Name: SMITH, LINDA  
Address: 1631 NORTH CYPRESS RD  
City-St-Zip: POMPANO BEACH, FL 33060

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CEO (X) Change ( ) Addition  
Name: SAPP, CALVIN JR  
Address: 2925 SW 22 AVE APT. 202  
City-St-Zip: DELRAY BEACH, FL 33445 PB

Title: PD (X) Change ( ) Addition  
Name: SAPP, BONNIE  
Address: 2925 S.W. 22 AVE APT. 202  
City-St-Zip: DELRAY BEACH, FL 33445 PB

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 exemption stated 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 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: BONNIE SAPP

PD

09/02/2008

Electronic Signature of Signing Officer or Director

Date