



**FILED**  
**Sep 11, 2007 8:00 am**  
**Secretary of State**

07-17-2007 90109 017 \*\*\*\*61.25

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

|   |   |   |
|---|---|---|
| <b>EP DVNFOU\$ N04000008139</b><br><small>2/ Entity Name</small><br><b>DESTINY INTERGENERATIONAL CENTER, CORP.</b>  |   |    |
| <small>Principal Place of Business</small><br><b>22646TDX/1326U ITU</b><br><b>HPAETHQJ4429</b>  | <small>Mailing Address</small><br><b>22646TDX/1326U ITU</b><br><b>HPAETHQJ4429</b>                                |   |
| <b>EP OPU X SJF JO UI JT TQBDF</b>  |   |   |
| <small>7/ Can I file/Beef I I lpgDval ouSf hJ l d e:BNf ou</small>  |   | <b>66021918</b><br><br><small>02172007 OpIdi h.OG DS3F148 JS07*</small> |
| <small>5/ FEI Number</small><br><b>20-1243098</b>   |   | <small>Applied For</small><br><input type="checkbox"/> <b>Not Applicable</b>  |
| <small>6/ Certificate of Status Desired</small> <input type="checkbox"/>  |   | <small>90/86 Beepjoom</small><br><small>Q I ISl r vJ f e</small>  |
| <b>LORIO, RUENELL B</b><br><b>11535 S.W. 215TH ST.</b><br><b>GOULDS, FL 33189</b>   |   | <b>EP OPU X SJF!</b><br><b>JO UI JT TQBDF</b>   |
| <small>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.</small>  |   |   |
| <small>SIGNATURE</small> <b>RUENELL B. LORIO</b> <i>Chennell B. Lorio</i>   |   | <small>DATE</small>   |
| <small>Filing Fee is \$61.25</small><br><small>Due by May 1, 2007</small>   | <small>9/ Election Campaign Financing</small><br><small>Trust Fund Contribution.</small> <input type="checkbox"/> | <small>90/11 NbtzD I</small><br><small>Beef shp/G f I</small>   |
| <b>21/ OFFICERS AND DIRECTORS</b>   |   |   |
| <small>TITLE</small><br><small>NAME</small><br><small>STREET ADDRESS</small><br><small>CITY-ST-ZIP</small>  | <b>D</b><br><b>LORIO, RUENELL B</b><br><b>11535 S.W. 215TH ST.</b><br><b>GOULDS, FL 33189</b>                     | <b>EP OPU X SJF!</b><br><b>JO UI JT TQBDF</b>   |
| <small>TITLE</small><br><small>NAME</small><br><small>STREET ADDRESS</small><br><small>CITY-ST-ZIP</small>  | <b>D</b><br><b>BRYANT, LAWRENCE</b><br><b>11535 S.W. 215TH ST.</b><br><b>GOULDS, FL 33189</b>                     |   |
| <small>TITLE</small><br><small>NAME</small><br><small>STREET ADDRESS</small><br><small>CITY-ST-ZIP</small>  | <b>D</b><br><b>DAVIS, TRAVIS</b><br><b>11535 S.W. 215TH ST.</b><br><b>GOULDS, FL 33189</b>                        |   |
| <small>TITLE</small><br><small>NAME</small><br><small>STREET ADDRESS</small><br><small>CITY-ST-ZIP</small>  | <b>D</b><br><b>LORIO, MILES</b><br><b>11535 S.W. 215TH ST.</b><br><b>GOULDS, FL 33189</b>                         |   |
| <small>TITLE</small><br><small>NAME</small><br><small>STREET ADDRESS</small><br><small>CITY-ST-ZIP</small>  |   |   |
| <small>22/ 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.</small> |   |   |
| <small>T.J.HOBUSF:</small> <i>Chennell B. Lorio</i>   |   | <b>7-13-07</b>  |