## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000011922

TAYLOR, MINNIE J

7045 SAN JOSE BLVD.

JACKSONVILLE, FL 32217

Name:

Address:

City-St-Zip:

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FILED Jul 01, 2006 Secretary of State

Entity Name: DIVINE DESTINY MINISTRIES INC. **Current Principal Place of Business: New Principal Place of Business:** 7045 SAN JOSE BLVD JACKSONVILLE, FL 32217 **Current Mailing Address: New Mailing Address:** 7045 SAN JOSE BLVD JACKSONVILLE, FL 32217 FEI Number: 20-2034583 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: Name and Address of New Registered Agent: NAUGHTON, MICHAEL M ESQ 9283-2 SAN JOSE BLVD. JACKSONVILLE, FL 32257 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **PRES** ( ) Delete () Change () Addition TAYLOR, DAVID III Name: Name: 7045 SAN JOSE BLVD Address: Address: City-St-Zip: JACKSONVILLE, FL 32217 City-St-Zip: Title: () Delete Title: () Change () Addition Name: PULLIAM, DENNIS D Name: Address: 5232 VERNON ROAD Address: City-St-Zip: JACKSONVILLE, FL 32209 City-St-Zip: Title: CFO () Delete Title: () Change () Addition JONAS, BLANCHE L Name: Name: 938 OLD LAWTEY ROAD Address: Address: City-St-Zip: STARKE, FL 32091 City-St-Zip: Title: SEC ( ) Delete Title: () Change () Addition Name: PULLIAM, BRENDA G Name: 5232 VERNON ROAD Address: Address: City-St-Zip: JACKSONVILLE, FL 32209 City-St-Zip: Title: ADV () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

SIGNATURE: DAVID TAYLOR III PRES 07/01/2006