

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003483

FILED
May 28, 2006
Secretary of State

Entity Name: DESTINY HOUSING INITIATIVE CORPORATION

Current Principal Place of Business:

4808 MANDURIA STREET
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

4808 MANDURIA STREET
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 20-2549634 **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:

GLEEN, JOSEPH
4808 MANDURIA STREET
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

GLENN, JOSEPH
4808 MANDURIA STREET
ORLANDO, FL 32819 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: JOSEPH GLENN

05/28/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MADISON, THERESA
Address: 4808 MANDURIA STREET
City-St-Zip: ORLANDO, FL 32819

Title: D () Delete
Name: GLENN, JOSEPH
Address: 4808 MANDURIA STREET
City-St-Zip: ORLANDO, FL 32819

Title: D () Delete
Name: LOCKHART, ALICIA
Address: 4808 MANDURIA STREET
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MAYS, FRED A
Address: 4808 MANDURIA STREET
City-St-Zip: ORLANDO, FL 32819

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.

SIGNATURE: THERESA MADISON

D

05/28/2006

Electronic Signature of Signing Officer or Director

Date