

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000001379

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** HOPE OF DESTINY MINISTRY INC

**Current Principal Place of Business:**

10650 HAVERFORD RD.  
1  
JACKSONVILLE, FL 32218

**New Principal Place of Business:**

8120 LEM TURNER RD .  
JACKSONVILLE, FL 32208

**Current Mailing Address:**

825 TURTLE CREEK DR N  
JACKSONVILLE, FL 32218

**New Mailing Address:**

8120 LEM TURNER RD .  
JACKSONVILLE, FL 32208

**FEI Number:** 74-3164043

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FOXWORTH, PAUL  
825 TURTLE CREEK DR N  
JACKSONVILLE, FL 32218 US

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

FOXWORTH, PAUL  
1418 ELSA DRIVE  
JACKSONVILLE, FL 32218 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:

04/27/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: FOXWORTH, PAUL  
Address: 1418 ELSA DRIVE  
City-St-Zip: JACKSONVILLE, FL 32218

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: PAUL FOXWORTH

P

04/27/2012

Electronic Signature of Signing Officer or Director

Date