

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005850

FILED  
Apr 24, 2007  
Secretary of State

Entity Name: SONS & DAUGHTERS OF DESTINY, INC.

## Current Principal Place of Business:

4764 FIRESIDE DRIVE WEST  
SUITE 300  
JACKSONVILLE, FL 32210

## New Principal Place of Business:

## Current Mailing Address:

4764 FIRESIDE DRIVE WEST  
SUITE 300  
JACKSONVILLE, FL 32210

## New Mailing Address:

FEI Number: 20-4998293

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MINGLEDORFF, VELDA  
3164 PELL MELL DRIVE  
ORLANDO, FL 32818 US

## Name and Address of New Registered Agent:

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:

Title: DP ( ) Delete  
Name: MAGEE, LAVONIA L  
Address: 4764 FIRESIDE DRIVE WEST  
City-St-Zip: JACKSONVILLE, FL 32210

Title: VP ( ) Delete  
Name: MAGEE, DAVID  
Address: 4764 FIRESIDE DRIVE WEST  
City-St-Zip: JACKSONVILLE, FL 32210

Title: D ( ) Delete  
Name: ADAM, ALTESSE  
Address: 709 BUTLER BOULEVARD  
City-St-Zip: AVONDALE, LA 70094

Title: D ( ) Delete  
Name: MATHIS, EUNICE A  
Address: 1182 W. 8TH STREET  
City-St-Zip: JACKSONVILLE, FL 32209

Title: S ( ) Delete  
Name: MAGEE, PORSHA V  
Address: 6457 FT. CAROLINE ROAD #131  
City-St-Zip: JACKSONVILLE, FL 32277

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DT (X) Change ( ) Addition  
Name: ADAM, ALTESSE  
Address: 709 BUTLER BOULEVARD  
City-St-Zip: AVONDALE, LA 70094

Title: D (X) Change ( ) Addition  
Name: MATHIS, EUNICE A  
Address: P.O. BOX 43624  
City-St-Zip: JACKSONVILLE, FL 32203

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

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: LAVONIA MAGEE

P

04/24/2007

Electronic Signature of Signing Officer or Director

Date