2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 17, 2009
Secretary of State

DOCUMENT# N06000005850

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:

P.O. BOX 442070
JACKSONVILLE, FL 32222

FEI Number: 20-4998293 **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:

MINGLEDOFF, 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:	DT	( ) Delete
Name:	ADAM, ALTESSE	
Address:	709 BUTLER BOULEVARD	
City-St-Zip:	AVONDALE, LA 70094	
Title:	D	( ) Delete
Name:	MATHIS, EUNICE A	
Address:	P.O. BOX 43624	
City-St-Zip:	JACKSONVILLE, FL 32203	
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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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 06/17/2009

Electronic Signature of Signing Officer or Director — Date