

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005850

FILED  
May 01, 2010  
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:**

4764 FIRESIDE DRIVE WEST  
JACKSONVILLE, FL 32210

**Current Mailing Address:**

P.O. BOX 442070  
JACKSONVILLE, FL 32222

**New Mailing Address:**

4764 FIRESIDE DRIVE WEST  
JACKSONVILLE, FL 32210

**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:**

GRACE & MERCY COMMUNITY SERVICES  
1409 KINGSLEY AVENUE  
9B  
ORANGE PARK, FL 32073 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: GRACE & MERCY COMMUNITY SERVICES

05/01/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

Title: DT  
Name: ADAM, ALTESSE  
Address: 709 BUTLER BOULEVARD  
City-St-Zip: AVONDALE, LA 70094

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

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: LAVONIA MAGEE

DP

05/01/2010

Electronic Signature of Signing Officer or Director

Date