2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N08000001138

Entity Name: DESTINY MOPS, INC.

Current Principal Place of Business:

29 CAPRI COURT
FREEPORT, FL 32439

New Principal Place of Business:

4 E POPLAR WAY
SANTA ROSA BEACH, FL 32459

Current Mailing Address:

29 CAPRI COURT
FREEPORT, FL 32439

New Mailing Address:

4 E POPLAR WAY
SANTA ROSA BEACH, FL 32459

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RYAN GARRITY & ASSOCIATES, P.A.
200 GRAND BLVD.
205A
DESTIN, FL 32550 US

Name and Address of New Registered Agent:

SCANNELL, ERIKA L
4 E. POPLAR WAY
SANTA ROSA BEACH, FL 32459 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: ERIKA L SCANNELL 04/30/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D/P ( ) Delete
Name: SCANNELL, ERIKA
Address: 11 21ST STREET
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D/VP ( ) Delete
Name: GARRITY, STEFANIE
Address: 29 CAPRI COURT
City-St-Zip: FREEPORT, FL 32439

Title: D/TS ( ) Delete
Name: WRIGHT, TAMMY
Address: 1686 PARKSIDE CIRCLE
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change ( ) Addition
Name: SCANNELL, ERIKA L
Address: 4 E.POPLAR WAY
City-St-Zip: SANTA ROSA BEACH, FL 32459

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: ERIKA L. SCANNELL D/P 04/30/2009
Electronic Signature of Signing Officer or Director Date