

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007597

FILED  
Sep 01, 2009  
Secretary of State

**Entity Name:** BIRTHING OUT DESTINY PRODUCTIONS INCORPORATED

**Current Principal Place of Business:**

206 S HOLLY AVENUE  
SANFORD, FL 32771 US

**New Principal Place of Business:**

**Current Mailing Address:**

206 S HOLLY AVENUE  
SANFORD, FL 32771 US

**New Mailing Address:**

**FEI Number:** 26-3148934 **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:**

PHILEMON, CINDY I  
206 S HOLLY AVENUE  
SANFORD, FL 32771 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: P ( ) Delete  
Name: PHILEMON, CINDY I  
Address: 206 S HOLLY AVENUE  
City-St-Zip: SANFORD, FL 32771 US

Title: VP ( ) Delete  
Name: BROWN, LENORA  
Address: 206 S HOLLY AVENUE  
City-St-Zip: SANFORD, FL 32771 US

Title: AA ( ) Delete  
Name: RAINY, SHERONDA  
Address: P.O. BOX 898  
City-St-Zip: PLYMMOUTH, FL 32768 US

Title: S ( ) Delete  
Name: BOWERS, IONA  
Address: 1006 NEBRASKA STREET  
City-St-Zip: LEESBURG, FL 34748 US

Title: T ( ) Delete  
Name: WILLIAMS, CHRISTINE  
Address: 1905 LAKE AVENUE  
City-St-Zip: SANFORD, FL 32771 US

Title: C ( ) Delete  
Name: BOWERS, RUDOLF  
Address: 1006 NEBRASKA STREET  
City-St-Zip: LEESBURG, FL 32771 US

**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: CINDY INEDA PHILEMON

P

09/01/2009

Electronic Signature of Signing Officer or Director

Date