

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000003835

FILED  
Jan 05, 2012  
Secretary of State

**Entity Name:** THE DESTINY TCM CORPORATION

**Current Principal Place of Business:**

515 NORTH PARK AVE  
SUITE 201 B  
APOPKA, FL 32704

**New Principal Place of Business:**

515 NORTH PARK AVE  
SUITE 201 B  
APOPKA, FL 32712

**Current Mailing Address:**

741 POST LAKE PLACE  
APT 203  
APOPKA, FL 32703

**New Mailing Address:**

PO BOX 671  
APOPKA, FL 32704

**FEI Number:** 27-2798537

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOLMES, LORNA D  
741 POST LAKE PLACE  
APT 203  
APOPKA, FL 32703 US

**Name and Address of New Registered Agent:**

HOLMES, LORNA D  
1040 DOUGLAS AVE  
ALTAMONTE SPRINGS, FL 32714 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:

01/05/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: HOLMES, LORNA D  
Address: 1040 DOUGLAS AVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: LORNA D HOLMES

PRES

01/05/2012

Electronic Signature of Signing Officer or Director

Date