

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11000007352

1. Entity Name

DESTINY INTERNATIONAL/INDIA GOSPEL MISSION, USA,

FILED

Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90011 047 ***150.00

Principal Place of Business

2940 MARISE STREET
TALLAHASSEE FL 32310

Mailing Address

2940 MARISE STREET
TALLAHASSEE FL 32310

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3701676

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PECK, EUGENE L
2940 MARISE STREET
TALLAHASSEE FL 32310

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

NAME Eugene L. Peck
STREET ADDRESS 2940 Marise Street
CITY-ST-ZIP Tallahassee, FL 32310

TITLE ☐ Delete

NAME Gary Murphy
STREET ADDRESS 8615 S. 91st E. Ave.
CITY-ST-ZIP Tulsa, OK 74133

TITLE ☐ Delete

NAME Raymond Vinson
STREET ADDRESS 322 Heather Lane
CITY-ST-ZIP Havana FL 32333

TITLE ☐ Delete

NAME Renee Peck
STREET ADDRESS 2940 Marise Street
CITY-ST-ZIP Tallahassee, FL 32310

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-01

Date

850-350-3725

Daytime Phone #

CR2E034 (10/00)