

2005

CORPORATION ANNUAL REPORT

FILED

Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # N11000007352

1. Entity Name
DESTINY INTERNATIONAL/INDIA GOSPEL MISSION,
USA, INC.



Principal Place of Business
2940 MARISE STREET
TALLAHASSEE, FL 32310

Mailing Address
2940 MARISE STREET
TALLAHASSEE, FL 32310



04292005 No Chg-P CR2E034 (10/03)

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

PECK, EUGENE L
2940 MARISE STREET
TALLAHASSEE, FL 32310

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME PECK, EUGENE L
STREET ADDRESS 2940 MARISE STREET
CITY-ST-ZIP TALLAHASSEE, FL 32310

TITLE VP
NAME MURPHY, GARY
STREET ADDRESS 8615 S 91ST E AVE
CITY-ST-ZIP TULSA, OK 74133

TITLE S
NAME VINSON, RAYMOND
STREET ADDRESS 32 HEATHER LANE
CITY-ST-ZIP HAVANA, FL 32333

TITLE T
NAME PECK, RENEE
STREET ADDRESS 2940 MARISE STREET
CITY-ST-ZIP TALLAHASSEE, FL 32310

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000343563
04/29/05-80098-023 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 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

Date

Daytime Phone #

4-29-05

803503725