2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2012
Secretary of State

DOCUMENT# N11000011623

Entity Name: ONE DESTINY MINISTRIES, INC

Current Principal Place of Business:

1557 EASTERN AVE
SAINT CLOUD, FL 34769

New Principal Place of Business:

Current Mailing Address:

1557 EASTERN AVE
SAINT CLOUD, FL 34769

New Mailing Address:

FEI Number: 45-4066048 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHURTE, TROY W
1557 EASTERN AVE
SAINT CLOUD, FL 34769 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
Name: SHURTE, TROY W
Address: 1557 EASTERN AVE
City-St-Zip: SAINT CLOUD, FL 34769

Title: VP
Name: SHURTE, KIMBERLY A
Address: 1557 EASTERN AVE
City-St-Zip: SAINT CLOUD, FL 34769

Title: S
Name: SHURTE, DESTINY
Address: 1557 EASTERN AVE
City-St-Zip: SAINT CLOUD, FL 34769

Title: D
Name: HURST, GLYN
Address: 4196 MAIDU CT
City-St-Zip: SAINT CLOUD, FL 34769

Title: D
Name: ROWLEY, JERRY JR
Address: 8125 GILLIAN RD
City-St-Zip: APOPKA, FL 32703

Title: D
Name: WILLIS, JEANIE
Address: 190 ORANGE AVE
City-St-Zip: SAINT CLOUD, FL 34769

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: TROY W. SHURTE PRES 04/16/2012

Electronic Signature of Signing Officer or Director — Date