

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N19485

1. Entity Name

DESTINY CHURCH, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90016 031 \*\*\*\*61.25

Principal Place of Business

Mailing Address

3110 HOWELL BRANCH RD.  
WINTER PARK FL 32792

P.O. BOX 1386  
WINTER PARK FL 32790-1386

2. Principal Place of Business

3. Mailing Address

3110 HOWELL BRANCH RD

PO BOX 1386

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WINTER PARK

City & State

WINTER PARK

Zip

32792

Country

SEMINOLE

Zip

32792

Country

SEMINOLE

4. FEI Number

59-2896693

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

GEORGE, REV. JAMES, JR.  
5101 ANDREA BLVD.  
ORLANDO FL 32807

Name

SCOTT M. TAYLOR

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

3110 HOWELL BRANCH RD

City

WINTER PARK

FL

Zip Code

32792

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

SCOTT M. TAYLOR

*SCOTT M. TAYLOR*

5/2/2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GEORGE, REV. JAMES, SCOTT 130 GALAHAD LN MATLAND FL 32792	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT GEORGE REV. JAMES JR. 5101 ANDREA BLVD. ORLANDO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PHILIPS JEFF 1792 CHILEAN LANE WINTER PARK FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WESTCOTT, JOHN 8737 BUTTERNUT BLVD ORLANDO FL 32817	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILES, KEVIN 2141 E WINTER PARK ROAD WINTER PARK FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLISLE, SAMUEL 4925 HOPERITA STREET ORLANDO FL	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT TAYLOR, SCOTT M. 110 SPRINGSIDE CT. LONGWOOD, FL 32729	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEORGE, REV. JAMES JR. 5101 ANDREA BLVD. ORLANDO, FL 32806	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, 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 OF SCOTT M. TAYLOR

5/2/2000

407-652-9886

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)