

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90270 027 ****61.25

DOCUMENT # N19485

1. Entity Name

DESTINY CHURCH, INC.

Principal Place of Business

**2200 S ORANGE AVENUE
 ORLANDO FL 32806**

Mailing Address

**2200 S ORANGE AVENUE
 ORLANDO FL 32806**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

**GLASS, J.D.
 2010 GERONIMO TRAIL
 MAITLAND FL 32751**

7. Name and Address of New Registered Agent

Name **Pitts, Neal P Esq.**

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

2200 South Orange Avenue

City **Orlando**

FL

Zip Code **32806**

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 file if applicable.

Neal P. Pitts

(NOTE: Registered Agent signature required when reinstating)

DATE

4/17/02

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

TITLE NAME	PD GEORGE, REV. JAMES, SCOTT	<input type="checkbox"/> Delete
STREET ADDRESS	130 GALAHAD LN	
CITY-ST-ZIP	MAITLAND FL 32792	
TITLE NAME	D GEORGE REV. JAMES JR.	<input type="checkbox"/> Delete
STREET ADDRESS	5101 ANDREA BLVD	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE NAME	SD GLASS, J. D.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2010 GERONIMO TRAIL	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE NAME	D WESTCOTT, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS	8737 BUTTERNUT BLVD	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE NAME	D GILES, KEVIN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2141 E WINTER PARK ROAD	
CITY-ST-ZIP	WINTER PARK FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D Carlisle, Sam	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	4925 Hoperita Street	
CITY-ST-ZIP	Orlando, FL 32812	
TITLE NAME	D Callaway, Tom	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	5006 Nadine Street	
CITY-ST-ZIP	Orlando, FL 32807	
TITLE NAME	D Sunderman, Ric	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	150 Seville Chase Drive	
CITY-ST-ZIP	Winter Springs, FL 32708	
TITLE NAME	D Gamb, Walter	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	13536 Turtle Marsh Loop, # 516	
CITY-ST-ZIP	Orlando, FL 32837	
TITLE NAME	D Taylor, Darel	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	110 Springside Court	
CITY-ST-ZIP	Longwood, FL 32779	
TITLE NAME	SD Phillips, Jeff	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1219 Sidcup Rd.	
CITY-ST-ZIP	Maitland, FL 32751	

CR2E037 (9/01)

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 information.

SIGNATURE:

SIGNATURE REQUIRED Scott J. George

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-540-9150