


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90250 049 ****70.00

DOCUMENT # N32326 1. Entity Name DESTINY FAMILY CHURCH, INC.					
Principal Place of Business 1700 S. ASPEN BROKEN ARROW, OK 74012 US			Mailing Address 1700 S. ASPEN BROKEN ARROW, OK 74012 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CURTIS, EASTMAN 8311 MAID MARION TRAIL LAKELAND, FL 33809				Name Tom Atkins Street Address (P.O. Box Number is Not Acceptable) 24841 South Seas Blvd City Bonita Springs FL Zip Code 34134	
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 Tom Atkins DATE 3/31/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee Is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CURTIS, EASTMAN 11705 S 66TH E AVE BIXBY, OK	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Michael Goolsbay 9927 107th E AVE Tulsa OK 74133	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CURTIS, ANGEL 11705 S 66TH E AVE BIXBY, OK	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cheri Egtz 9218 E 89th St Tulsa OK 74133	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARD, JAMES 4410 UNIVERSITY DR, SUITE 105 HUNTSVILLE, AL 35816	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRATCHER, JIMMIE 7301 NW 74TH KANSAS CITY, MO 64152	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Michael Goolsbay, Pres			Date 3/31/06 Daytime Phone # 918-259-9080		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

