

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

02-28-2003 90139 022 \*\*\*\*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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **91-1348113**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CURTIS, EASTMAN  
8311 MAID MARION TRAIL  
LAKELAND FL 33809**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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 \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CURTIS, EASTMAN</b>	
STREET ADDRESS	<b>11705 S 68TH E AVE</b>	
CITY-ST-ZIP	<b>BIXBY OK</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CURTIS, ANGEL</b>	
STREET ADDRESS	<b>11705 S 68TH E AVE</b>	
CITY-ST-ZIP	<b>BIXBY OK</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>JAMES, MIKE</b>	
STREET ADDRESS	<b>8937 S HUDSON AVE</b>	
CITY-ST-ZIP	<b>TULSA OK</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 persons empowered.

**SIGNATURE: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/20/03**

**918 254-9000**

Date

Daytime Phone #