

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N40143** (2)

1. Corporation Name

HIGH DESTINY, INC.

Principal Place of Business

Mailing Address

P O BOX 3060
OKEECHOBEE FL 34974-0060

P O BOX 3060
OKEECHOBEE FL 34973-3060



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/27/1990		3a. Date of Last Report 03/12/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3057927		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ERICKSON, DALE E.
13538 CONNERS HWY
CANAL POINT FL 33438

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PERLEE, FRED O.		1.2 NAME		
STREET ADDRESS	2004 S PALM AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		1.4 CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER, GIRARD C. II		2.2 NAME		
STREET ADDRESS	US 441 (CONNORS HWY)		2.3 STREET ADDRESS		
CITY-ST-ZIP	CANAL POINT FL		2.4 CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ERICKSON, DALE E.		3.2 NAME	Treasurer, D	
STREET ADDRESS	13538 CONNERS HWY		3.3 STREET ADDRESS	Erickson, Dale	
CITY-ST-ZIP	CANAL POINT FL		3.4 CITY-ST-ZIP	13538 Connors Hwy Canal Point, FL 33438	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			4.2 NAME	Chair person of Board of Directors	
STREET ADDRESS			4.3 STREET ADDRESS	Anderson, Randy	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	5312 Warren Street Naples, FL 33962	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			5.2 NAME	Vice President, D	
STREET ADDRESS			5.3 STREET ADDRESS	Erickson, Lynn	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	656 W Cadillac Drive Altamonte Springs, FL 32714	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			6.2 NAME	Secretary, D	
STREET ADDRESS			6.3 STREET ADDRESS	Williams, Wendy	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	3620 4th Ave SE Naples, FL 33964	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)