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Mar 16 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N40143**

(2)

1. Corporation Name

**HIGH DESTINY, INC.**

Principal Place of Business

Mailing Address

P O BOX 3080  
OKEECHOBEE FL 34974-0080

P O BOX 3080  
OKEECHOBEE FL 34974-0080

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/27/1990

4. FEI Number

59-3057927

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

**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

**FL**

85 Zip Code

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

TITLE ☐ DELETE

NAME **PD**  
STREET ADDRESS **PERLEE, FRED O.**  
CITY-ST-ZIP **2004 S PALM AVENUE**  
**MELBOURNE FL**

TITLE ☐ DELETE

NAME **TD**  
STREET ADDRESS **ERICKSON, DALE E.**  
CITY-ST-ZIP **13538 CONNERS HWY**  
**CANAL POINT FL**

TITLE ☐ DELETE

NAME **CD**  
STREET ADDRESS **ANDERSON, RANDY**  
CITY-ST-ZIP **6318 WARREN ST.**  
**NAPLES FL**

TITLE ☐ DELETE

NAME **VPD**  
STREET ADDRESS **ERICKSON, LYNN**  
CITY-ST-ZIP **656 W. CADILLAC DR.**  
**ALTAMONTE SPRINGS FL**

TITLE ☐ DELETE

NAME **SD**  
STREET ADDRESS **WILLIAMS, WENDY**  
CITY-ST-ZIP **3620 4TH AVE. SE**  
**NAPLES FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

**DIRECTOR**

1.2 NAME

**BECK, EARL**

1.3 STREET ADDRESS

**1423 17th ST E**

1.4 CITY-ST-ZIP

**BRADENTON FL 34208-3323**

2.1 TITLE

**DIRECTOR**

2.2 NAME

**HAINES, LINDA**

2.3 STREET ADDRESS

**24011 JENNINGS RD**

2.4 CITY-ST-ZIP

**MYAKKA CITY, FL 34251-9268**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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.

SIGNATURE:

*[Signature]* **LYNN ERICKSON** 3-10-98 407/774-4069

CR2E037 (10/97)