

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N44226** (1)

1. Corporation Name

**DESTINY MINISTRIES, INC.**



Principal Place of Business

**4921 S LOIS AVE  
TAMPA FL 33611**

Mailing Address

**4921 S LOIS AVE  
TAMPA FL 33611**

3. Date Incorporated or Qualified  
**07/08/1991**

3a. Date of Last Report  
**01/20/1995**

2. Principal Place of Business

2a. Mailing Address

21 **9511 North Grady**

26 **2511 North Grady**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

**59-3065917**

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☒ No

City & State

City & State

23 **Tampa, Florida**

28 **Tampa, Florida**

Zip

Country

Zip

Country

24 **33607**

25 **Hillsborough**

29 **33607**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WHITE, RANDY  
3806 SAN PEDRO  
TAMPA FL 33629**

81 Name

**Randy White**

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

**4110 Highland Park Circle**

83

84 City

**Lutz**

**FL**

85 Zip Code

**33549**

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

**6/19/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE  
NAME **WHITE, DR. RANDY**  
STREET ADDRESS **3806 SAN PEDRO**  
CITY-ST-ZIP **TAMPA FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **STD** ☐ DELETE  
NAME **WHITE, PAULA**  
STREET ADDRESS **3806 SAN PEDRO**  
CITY-ST-ZIP **TAMPA FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **MCGINNIS, RUTH**  
STREET ADDRESS **3704 WALLACE AVE.**  
CITY-ST-ZIP **TAMPA FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(K), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7/10/96 (813) 879-4673**