

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

FILED
May 05, 2003 8:00 am
Secretary of State

04-18-2003 90109 011 ****61.25

DOCUMENT # N46777

1. Entity Name

DESTINY WW, INC.



Principal Place of Business

**390 NARRAGANSETT ST NE
PALM BAY FL 32907
US**

Mailing Address

**390 NARRAGANSETT ST NE
PALM BAY FL 32907
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3106836**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GALLAGHER, KATHLEEN
390 NARRAGANSETT ST NE
PALM BAY FL 32907**

7. Name and Address of New Registered Agent

Name **Ronald Gallagher**
Street Address (P.O. Box Number is Not Acceptable)
390 Narragansett St. NE
City **Palm Bay** FL Zip Code **32907**

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

[Signature] **Ronald Gallagher**
(NOTE: Registered Agent signature required when reinstating)

1/15/03
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

TITLE **DS**
NAME **GALLAGHER, RONALD** ☐ Delete
STREET ADDRESS **390 NARRAGANSETT STREET NORTHEAST**
CITY-ST-ZIP **PALM BAY FL 32907**

TITLE **DP**
NAME **DACEY, BARBARA** ☒ Delete
STREET ADDRESS **965 BRIDLE**
CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE **D**
NAME **DALEY, BARBARA** ☒ Delete
STREET ADDRESS **965 BRIDLE**
CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE **DT**
NAME **GALLAGHER, KATHLEEN** ☒ Delete
STREET ADDRESS **390 NARRAGANSETT ST NE**
CITY-ST-ZIP **PALM BAY FL 32907**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D/CFO** ☒ Change ☐ Addition
NAME **Gallagher, Ronald**
STREET ADDRESS **390 Narragansett St. NE**
CITY-ST-ZIP **Palm Bay, FL 32907**

TITLE **D** ☐ Change ☒ Addition
NAME **Olinski, Lance**
STREET ADDRESS **390 Narragansett St. NE**
CITY-ST-ZIP **Palm Bay, FL 32907**

TITLE **D** ☐ Change ☒ Addition
NAME **Vadney, Roberta**
STREET ADDRESS **390 Narragansett St. NE**
CITY-ST-ZIP **Palm Bay, FL 32907**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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 an other like empowered.

SIGNATURE

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] **Ronald Gallagher**

1/15/03
Date

**(321)
951-7626**
Daytime Phone #

CR2E037 (10/02)