

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90084 035 ****61.25

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1. Corporation Name

DESTINED FOR UNITY OF TAMPA BAY INC.

Principal Place of Business

5110 28TH AVE. EAST
B
TAMPA FL 33619

Mailing Address

P.O. BOX 5045
TAMPA FL 33675



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

3. Date Incorporated or Qualified

06/27/1994

4. FEI Number

65-0507059

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

9. Name and Address of Current Registered Agent

DAVIS, VICTOR M
5110 28TH AVE. EAST
B
TAMPA FL 33619

10. Name and Address of New Registered Agent

81 Name

VINCENT M. DAVIS

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

5110 28TH AVE EAST #B

83

#B

84 City

TAMPA,

FL

85 Zip Code

33619

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 617.0603, Florida Statutes.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and fee if applicable.

VINCENT M. DAVIS

(NOTE: Registered Agent signature required when reinstating)

1/3/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME DAVIS, VINCENT M
STREET ADDRESS 5110 28TH AVE. EAST #B
CITY-ST-ZIP TAMPA FL 33619

TITLE VPD ☐ DELETE

NAME BROOKS, RACHAEL R
STREET ADDRESS 5110 28TH AVE. EAST #B
CITY-ST-ZIP TAMPA FL 33619

TITLE TD ☐ DELETE

NAME SMITH, DONALD
STREET ADDRESS 2305 1ST AVE. E.
CITY-ST-ZIP PALMETTO FL 34221

TITLE S ☒ DELETE

NAME TAYLOR, SHONA
STREET ADDRESS 2603 14TH AVE E
CITY-ST-ZIP PALMETTO FL 34221

TITLE D ☒ DELETE

NAME PAUL, INDIA
STREET ADDRESS 1841-12TH ST. S.W.
CITY-ST-ZIP LARGO FL 33778

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

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

Date

Daytime Phone #

CR2E037 (1/98)