

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000004544 (1)

1. Corporation Name:

DESTINY HUMAN SERVICES CORPORATION

FILED

May 26, 1996 08:00 AM

Secretary of State



Principal Place of Business

Mailing Address

**6075 SW 64 STREET SOUTH
MIAMI FL 33143**

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MIAMI FL 33143**

3. Date Incorporated or Qualified

09/22/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0616513

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JACKSON, NATALIE D
6075 SW 64 STREET SOUTH
MIAMI FL 33143**

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 **D** ☐ DELETE
NAME **WHIPPLE, EMANUEL**
STREET ADDRESS **1090 NW 56 STREET**
CITY-ST-ZIP **MIAMI FL 33127**

TITLE **D** ☒ DELETE
NAME **HART, DOROTHY**
STREET ADDRESS **9301 NW 7 AVE**
CITY-ST-ZIP **MIAMI FL 33150**

TITLE **D** ☐ DELETE
NAME **CANTOR, JOHN**
STREET ADDRESS **6101 SUNSET DRIVE**
CITY-ST-ZIP **SOUTH MIAMI FL 33153**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **D** ☐ Change ☒ Addition
12 NAME **VICE-PRESIDENT**
13 STREET ADDRESS **NATHANIEL WILCOX**
14 CITY-ST-ZIP **180 NE 19th STREET
MIAMI, FL 33132**

21 TITLE **D** ☐ Change ☒ Addition
22 NAME **SECRETARY**
23 STREET ADDRESS **CHARLES H. GRAY**
24 CITY-ST-ZIP **14000 MONROE STREET
MIAMI, FLORIDA 33176**

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE **100001841021**
52 NAME **-05/28/96--01037--042** ☐ Change ☐ Addition
53 STREET ADDRESS *****\$1.25**

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 #

CR2E037 (12/95)