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Feb 11 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **N95000004544 (1)**

1. Corporation Name

DESTINY HUMAN SERVICES CORPORATION

Principal Place of Business

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

Mailing Address

**6075 SW 64 STREET SOUTH
MIAMI FL 33143-3404**



3. Date Incorporated or Qualified
09/22/1995

3a. Date of Last Report
05/26/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
65-0616513

Applied For
Not Applicable

21

26

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

22

27

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

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

23

28

Zip

Country

Zip

Country

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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's signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE **P** ☐ Change ☒ Addition
1.2 NAME **WHIPPLE, EMANUEL**
1.3 STREET ADDRESS **1090 NW 56 STREET**
1.4 CITY-ST-ZIP **MIAMI FL 33127**

TITLE **DVP** ☐ DELETE
NAME **WILCOC, NATHANIEL**
STREET ADDRESS **180 NE 19TH STREET**
CITY-ST-ZIP **MIAMI FL 33132**

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

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

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

TITLE **DS** ☐ DELETE
NAME **GRAY, CHARLES H**
STREET ADDRESS **14000 MONROE STREET**
CITY-ST-ZIP **MIAMI FL 33176**

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 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

CR2E037 (9/96)