

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Aug 26 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000004544 (1)**

1. Corporation Name

**DESTINY HUMAN SERVICES CORPORATION**

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**

4. FEI Number

**65-0616513**

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

**25** Country

**28** Zip

**30** Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

**Emanuel Whipple**

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

**6075 SW 64 Street**

83

84 City

**Miami**

**FL**

85 Zip Code

**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

*E. Whipple*

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	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WHIPPLE, EMANUEL</b>	
STREET ADDRESS	<b>1090 NW 56 STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33127</b>	
TITLE	<b>DVP</b>	<input type="checkbox"/> DELETE
NAME	<b>WILCOC, NATHANIEL</b>	
STREET ADDRESS	<b>180 NE 19TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33132</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CANTOR, JOHN</b>	
STREET ADDRESS	<b>6101 SUNSET DRIVE</b>	
CITY-ST-ZIP	<b>SOUTH MIAMI FL 33153</b>	
TITLE	<b>DS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GRAY, CHARLES H</b>	
STREET ADDRESS	<b>14000 MONROE STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33178</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>WHIPPLE, EMANUEL</b>	
STREET ADDRESS	<b>1090 N.W. 56 STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Sheldon Vickers</b>
4.3 STREET ADDRESS	<b>15600 SW 103 Court</b>
4.4 CITY-ST-ZIP	<b>Miami FL 33157</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

*E. Whipple*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/16/98**  
Date

Daytime Phone #

CR2E037 (5/98)