

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2007 08:00 AM
Secretary of State

DOCUMENT # N95000004544

1. Entity Name
DESTINY HUMAN SERVICES CORPORATION



Principal Place of Business
**6075 SW 64TH STREET
SOUTH MIAMI, FL 33143**

Mailing Address
**6075 SW 64TH STREET
SOUTH MIAMI, FL 33143**



01232007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0616513

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WHIPPLE, EMANUEL
6075 SW 64TH STREET
SOUTH MIAMI, FL 33143**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE: _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WHIPPLE, EMANUEL
6075 SW 64TH STREET
SOUTH MIAMI, FL 33143**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WILCOX, NATHANIEL
180 NE 19TH STREET
MIAMI, FL 33132**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
VICKERS, SHELDON
15600 SW 103RD COURT
MIAMI, FL 33157**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PRICE, JOHNNY
6400 SW 60TH AVENUE
SOUTH MIAMI, FL 33148**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BALLARD, THOMAS
11107 SW 200TH STREET
MIAMI, FL 33157**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000666427
03/23/07-80070-009 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #