

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2008 8:00 am
Secretary of State

05-12-2008 90034 029 ****61.25

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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04292008 Chg-NP CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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 De. E. H. Line
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/29/08
DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **JUDY SELVER** ☐ Change ☒ Addition
NAME **19888 SW 123rd AVENUE**
STREET ADDRESS **MIAMI, FL 33177**
CITY-ST-ZIP

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

TITLE **ALFRED GERALD** ☐ Change ☒ Addition
NAME **14901 POLK STREET**
STREET ADDRESS **MIAMI, FL 33176**
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ALFRED GERALD** ☐ Delete
NAME **14901 POLK STREET**
STREET ADDRESS **MIAMI, FL 33176**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 De. E. H. Line

4/29/08