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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000000561

1. Corporation Name

DESTINY CHRISTIAN MINISTRIES, INC.

Principal Place of Business

3860 SHADY LANE
JACKSONVILLE FL 32277

Mailing Address

P O BOX 11613
JACKSONVILLE FL 32239



2. Principal Place of Business

21 1784 Rogero Rd.

2a. Mailing Address

26 1784 Rogero Rd.
P.O. Box 11613

3. Date Incorporated or Qualified

01/29/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3492482

Applied For

Not Applicable

22 City & State

23 JAX 71

27 City & State

28 JAX 71

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

24 Zip

32211

25 Country

DUVAL

29 Zip

30 DUVAL

Country

6. Election Campaign Financing
Trust Fund Contribution

0

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

KITTLE, DONALD R
3860 SHADY LANE
JACKSONVILLE FL 32277

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

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)

4/28/99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME KITTLE, DONALD R
STREET ADDRESS 3860 SHADY LANE
CITY-ST-ZIP JACKSONVILLE FL 32277

TITLE D ☐ DELETE

NAME KITTLE, MELISSA L
STREET ADDRESS 3860 SHADY LANE
CITY-ST-ZIP JACKSONVILLE FL 32277

TITLE D ☒ DELETE

NAME YOUNG, WAYNE A
STREET ADDRESS 7031 CISCO GARDENS RD W
CITY-ST-ZIP JACKSONVILLE FL 32219

TITLE T ☐ DELETE

NAME CURTIS L. KERN
STREET ADDRESS 2309 Bayview Rd.
CITY-ST-ZIP JAX, FL 32210

TITLE V ☐ DELETE

NAME JOE POOLE
STREET ADDRESS 1428 LAMANTO AVE. E.
CITY-ST-ZIP JAX, FL 32211

TITLE S ☐ DELETE

NAME ANN KERN
STREET ADDRESS 2309 Bayview Rd.
CITY-ST-ZIP JAX, FL 32210

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

CURTIS L. KERN
2309 Bayview Rd.
JAX, FL 32210

JOE POOLE
1428 LAMANTO AVE E.
JAX, FL 32211

ANN KERN
2309 Bayview Rd.
JAX, FL 32210

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

Date

Daytime Phone #

CR2E037 (11/98)