

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000561

1. Entity Name

DESTINY CHRISTIAN MINISTRIES, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90088 029 ****61.25

Principal Place of Business	Mailing Address
1784 ROGERS RD JACKSONVILLE FL 32211 US	1784 ROGERS RD JACKSONVILLE FL 32211-4885 US

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-3492482	<input checked="" type="checkbox"/> Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
----------------------------------	---

6. Name and Address of Current Registered Agent

KITTLE, DONALD R
3860 SHADY LANE
JACKSONVILLE FL 32277

7. Name and Address of New Registered Agent

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW:
FEE IS \$61.25

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

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KITTLE, DONALD R	NAME	
STREET ADDRESS	3860 SHADY LANE	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32277	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KITTLE, MELISSA L	NAME	
STREET ADDRESS	3860 SHADY LANE	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32277	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERN, CURTIS L	NAME	
STREET ADDRESS	2309 BAYVIEW RD	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32210	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POOLE, JOE	NAME	
STREET ADDRESS	1428 LAMANTO AVE E	STREET ADDRESS	
CITY-ST-ZIP	JAX FL 32210	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERN, ANN	NAME	
STREET ADDRESS	2309 BAYVIEW RD	STREET ADDRESS	
CITY-ST-ZIP	JAX FL 32210	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 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 REQUIRED CURTIS L. KERN 5/1/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #