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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 01, 1999 8:00 am  
Secretary of State

04-01-1999 90113 017 \*\*\*\*66.25

DOCUMENT # N98000004102

1. Corporation Name

DESTINY FOUNDATION, INC.

Principal Place of Business

P.O. BOX 8582  
TAMPA FL 33674

Mailing Address

P.O. BOX 8582  
TAMPA FL 33674



2. Principal Place of Business

21 53 Destiny Lane

Suite, Apt. #, etc.

22 Cannon, Georgia

23 City & State

24 Zip 30520

25 Country USA

2a. Mailing Address

26 PO Box 8582

Suite, Apt. #, etc.

27 NA

28 Tampa, Florida

29 Zip 33674

30 Country USA

3. Date Incorporated or Qualified

07/13/1998

4. FEI Number

(EIN) 59-3535192

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

9. Name and Address of Current Registered Agent

STERNS, RANDY K  
220 S. FRANKLIN STREET  
TAMPA FL 33602

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME PRESCOTT, CHESTER E  
STREET ADDRESS P.O. BOX 8582 -NA-  
CITY-ST-ZIP TAMPA FL 33674  
Correct Mailing Address

TITLE DVT  
NAME GAST, ARTHUR JR  
STREET ADDRESS 53 DESTINY LANE  
CITY-ST-ZIP CANNON GA 30520

TITLE DVS  
NAME GAST, SYLVIA  
STREET ADDRESS 53 DESTINY LANE  
CITY-ST-ZIP CANNON GA 30520

TITLE D  
NAME STERNS, RANDY K  
STREET ADDRESS 220 S. FRANKLIN STREET  
CITY-ST-ZIP TAMPA FL 33602

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP  
1.2 NAME Prescott, Chester E.  
1.3 STREET ADDRESS 7707 N. Huntley Ave, Apt 5  
1.4 CITY-ST-ZIP Tampa, Florida 33604  
Change Addition

2.1 TITLE  
2.2 NAME GAST, ARTHUR III  
2.3 STREET ADDRESS ("JR" IS INCORRECT)  
2.4 CITY-ST-ZIP  
Change Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
Change Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
Change Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
Change Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
Change Addition

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:

Chester E. Prescott  
PRESIDENT

3-27-99 (813)239-1024

Date

Daytime Phone #

CR2E037 (11/98)