

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED****May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90055 002 \*\*\*\*61.25

**DOCUMENT # N98000004102**

1. Entity Name

**DESTINY FOUNDATION, INC.**

Principal Place of Business

**7707 N HUNTLEY AVE  
APT 5  
TAMPA FL 33604  
US**

Mailing Address

**P.O. BOX 8582  
TAMPA FL 33674**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-3535192**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
DP	PRESCOTT, CHESTER E	7707 N. HUNTLEY AVE #5	TAMPA FL 33604	Director-President	GAST ARTHUR III	53 DESTINY LANE	CANNON GA 30520
DVT	GAST, ARTHUR III	53 DESTINY LANE	CANNON GA 30520	DIRECTOR-VP-MANAGER	PRESCOTT, CHESTER E.	7707 N. HUNTLEY AVE #5	TAMPA, FL 33604
DVS	GAST, SYLVIA	53 DESTINY LANE	CANNON GA 30520	DIRECTOR-VP SECRETARY-TREASURER	GAST, SYLVIA	53 DESTINY LANE	CANNON, GA. 30520
D	STERNS, RANDY K	220 S. FRANKLIN STREET	TAMPA FL 33602				

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)