

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90257 026 ****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

16940 U.S. Highway 19

3. Mailing Address

16940 U.S. Highway 19

Suite, Apt. #, etc.

Unit # 319

Suite, Apt. #, etc.

Unit # 319

City & State

Clearwater, FLA

City & State

Clearwater, FLA.

Zip

33764

Country

USA

Zip

33764

Country

USA



MOORE

CR2E037 (11/03)

4. FEI Number

59-3535192

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004

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

TITLE DP
NAME ARTHUR III, GAST ☐ Delete
STREET ADDRESS 53 DESTINY LANE
CITY-ST-ZIP CANON GA 30520

TITLE DVPM
NAME PRESCOTT, CHESTER E ☐ Delete
STREET ADDRESS 7707 N. HUNTLEY AVE #5
CITY-ST-ZIP TAMPA FL 33604

TITLE DVPS
NAME GAST, SYEVIA ☐ Delete
STREET ADDRESS 53 DESTINY LANE
CITY-ST-ZIP CANNON GA 30520

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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: Chester E. Prescott - Chester E Prescott - DVPM - 4/23/04 813-239-1024

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-539-6403