

DOCUMENT # N99000002050

1. Entity Name

DESTINY ACADEMY OF THE PERFORMING ARTS, INC. *R*

FILED

Jun 29, 2000 8:00 am  
Secretary of State

05-15-2000 90146 030 \*\*\*\*61.25

Principal Place of Business

Mailing Address

846 LAKE ELSIE DRIVE  
TAVARES FL 32778846 LAKE ELSIE DRIVE  
TAVARES FL 32778-5705

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

ELIGIBLE TO APPLY

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRAZIER, BARBARA  
846 LAKE ELSIE DRIVE  
TAVARES FL 32778 *D*

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 \$61.259. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP~~Executive Director of Planning~~ ☐ Delete *bf*TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPExecutive Director of Marketing ☐ Delete *D*  
Barbara Frazier  
846 Lake Elsie Dr.  
TAVARES, FL 32778TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPExecutive Director of Planning ☐ Change ☒ Addition  
Marilyn Jones *D*  
P.O. Box 922  
Widwood, FL 32785TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPExecutive Director of Finance ☐ Change ☒ Addition  
Justus Frazier *D*  
846 Lake Elsie Dr.  
TAVARES, FL 32778TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPExecutive D ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ Addition

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:

Barbara Frazier *Barbara Frazier*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/2000

Date

(352) 742-9244

Daytime Phone #

C:\2000\37\90001