

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006745

1. Entity Name

DESTINY EDUCATIONAL ACADEMY OF EXCELLENCE, INC.

Principal Place of Business

2100 DUNN AVE
JACKSONVILLE FL 32218

Mailing Address

2100 DUNN AVE
JACKSONVILLE FL 32218-4718

2. Principal Place of Business

11501 Harts Rd. Apt 1205

Suite, Apt. #, etc.

3. Mailing Address

11501 Harts Rd. Apt 1205

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

Zip

32218

Country

Duval

Zip

32218

Country

Duval

4. FEI Number

59-3617792

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOPE, MARI Y
2100 DUNN AVE
JACKSONVILLE FL 32218

7. Name and Address of New Registered Agent

Name

Mari Y. Hope

Street Address (P.O. Box Number is Not Acceptable)

11501 Harts Rd. Apt 1205

City

Jacksonville

FL

Zip Code

32218

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

Mari Hope

Mari Y. Hope

4-26-00

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

TITLE D ☐ Delete
NAME HOPE, MARI Y
STREET ADDRESS 11501 HARTS RD APT 1205
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE D ☐ Delete
NAME HOPE, ROBERT J
STREET ADDRESS 11501 HARTS RD APT 1205
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE D ☐ Delete
NAME THOMAS, DAVID M
STREET ADDRESS 3938 MUIRFIELD BLVD E
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 officer ☐ Change ☒ Addition
NAME George Smith, Sr.
STREET ADDRESS 6840 Cartier Circle
CITY-ST-ZIP Jacksonville, FL 32208

TITLE Chairman ☐ Change ☒ Addition
NAME Sonya Goings
STREET ADDRESS P.O. Box 350852
CITY-ST-ZIP Jacksonville, FL 32235

TITLE Vice Chairman ☐ Change ☒ Addition
NAME Dr. Ruth Britton
STREET ADDRESS 6501 Arlington Expressway, Suite B-209
CITY-ST-ZIP Jacksonville, FL 32211

TITLE Treasurer ☐ Change ☒ Addition
NAME James Williams
STREET ADDRESS 12692 Sampson Rd.
CITY-ST-ZIP Jacksonville, FL 32218

TITLE ☐ Change ☒ Addition
NAME Delphenia M. Carter
STREET ADDRESS 5236 Dostie Dr. S.
CITY-ST-ZIP Jacksonville, FL 32209

TITLE ☐ Change ☒ Addition
NAME Ruthene Tidwell
STREET ADDRESS 5964 Chevy Dr.
CITY-ST-ZIP Jacksonville, FL 32216

12. I hereby _____ 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:

Mari Y. Hope

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90143 013 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)