2001 UNIFORM BUSINESS REPORT (UBR)

Reinstatement form

0011613

DOCUMENT # N99000006745

1. Entity Name

DESTINY EDUCATIONAL ACADEMY OF EXELLENCE, INC.

FILED
01 NOV -5 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
~~1150 HARTS RD 1205~~ 5335 Ramona Blvd ~~JACKSONVILLE FL 32218~~ Jax, 32205	1150 HARTS RD 1205 JACKSONVILLE FL 32218

2. Principal Place of Business	3. Mailing Address
5335 Ramona Blvd.	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville	City & State: FL
Zip: 32205 Country: Duval	Zip: Country:

REINSTATEMENT DO NOT WRITE IN THIS SPACE

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	7. Name and Address of New Registered Agent
HOPE, MARI Y ~~11501 HARTS RD APT 1205~~ JACKSONVILLE FL 32218	Name: Mari Hope Street Address (P.O. Box Number is Not Acceptable): 5335 Ramona Blvd. City: Jacksonville, FL 32205 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 Mari Hope Mari Hope 10/15/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

R. WARNDORF NOV 28 2001

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	D HOPE, MARI Y 11501 HARTS RD APT 1205 JACKSONVILLE FL 32218	☑ Delete	Ruthine Tidwell, President/Director 5964 Chevy Drive Jacksonville, FL 32216	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOPE, ROBERT J 11501 HARTS RD APT 1205 JACKSONVILLE FL 32218	☑ Delete	Iris D. Larkins, Secretary/Director 5405 Foxboro Road Jacksonville, FL 32208	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMAS, DAVID M 3938 MUIRFIELD BLVD E JACKSONVILLE FL 32225	☑ Delete	James Williams, Treasurer/Director 12692 Sampson Road Jacksonville, FL 32218	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O SMITH, GEORGE SR 6840 CARTIER CIRCLE JACKSONVILLE FL 32208	☐ Delete	Same 200004698902 L-4 -11/29/01--01070--019 ****245.00 ****245.00	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C GOINGS, SONYA P.O. BOX 350852 JACKSONVILLE FL 32235	☑ Delete	Delphenia M. Carter, Chaplain/Director 5234 Dostie Drive Jacksonville, FL 32209	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC BRITTON, RUTH 6501 ARLINGTON EXPRESSWAY SU B-209 JACKSONVILLE FL 32211	☑ Delete	Phyllis E. Goff / Director 12632 Hidden Circle W. Jacksonville, FL 32225	☐ Change ☒ Addition

CR2E037 (10/00)

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: Mari Hope Mari Hope, Founder/Registered Agent