

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006745

FILED  
Apr 30, 2004  
Secretary of State

**Entity Name:** DESTINY EDUCATIONAL ACADEMY OF EXCELLENCE, INC.

**Current Principal Place of Business:**

5335 RAMONA BLVD.  
JACKSONVILLE, FL 32205

**New Principal Place of Business:**

**Current Mailing Address:**

5335 RAMONA BLVD  
JACKSONVILLE, FL 32205

**New Mailing Address:**

**FEI Number:** 59-3617792

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOPE, MARI  
5438 BRISTOL BAY CT  
JACKSONVILLE, FL 32244 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PP ( ) Delete  
Name: TIDWELL, RUTHINE  
Address: 5964 CHEVY DRIVE  
City-St-Zip: JACKSONVILLE, FL 32216

Title: P ( ) Delete  
Name: SMITH, GEORGE SR.  
Address: 6840 CARTIER CIRCLE  
City-St-Zip: JACKSONVILLE, FL 32208

Title: V ( ) Delete  
Name: GOFF, PHYLLIS E  
Address: 12632 HIDDEN CIRCLE W  
City-St-Zip: JACKSONVILLE, FL 32225

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE SMITH

PRES

04/30/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date