

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007027

1. Entity Name

DESTINY INTERNATIONAL CHRISTIAN CENTER, INC.

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90071 006 ****61.25

859595



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1970 E. OSCEOLA PARKWAY
SUITE 192
KISSIMMEE FL 34743

Mailing Address

1970 E. OSCEOLA PARKWAY
SUITE 192
KISSIMMEE FL 34743

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0973334

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

WILKERSON, VALERIE
861 N.W. 197TH TERR.
MIAMI FL 33169

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 \$61.25

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 ☐ Delete
NAME PD
STREET ADDRESS WILKERSON, DEWEY JR.
CITY-ST-ZIP 861 N.W. 197TH TERR.
MIAMI FL 33169

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

TITLE ☐ Delete
NAME TD
STREET ADDRESS MAIDEN, MELANIE
CITY-ST-ZIP 6759 S. OGLESBY
CHICAGO IL 60649

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

TITLE ☐ Delete
NAME SD
STREET ADDRESS ROBERTS, LESLIE DR.
CITY-ST-ZIP 11011 S.W. 140TH ST.
MIAMI FL 33176-3393

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

TITLE ☐ Delete
NAME D
STREET ADDRESS WILKERSON, VALERIE
CITY-ST-ZIP 861 N.W. 197TH TERR.
MIAMI FL 33169

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

TITLE ☐ Delete
NAME D
STREET ADDRESS DENSON, ALONZO L
CITY-ST-ZIP 2232 E. MORELOS
CHANDLER AZ 85225

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

TITLE ☐ Delete
NAME D
STREET ADDRESS WILSON, ANTHONY
CITY-ST-ZIP 4801 N.W. 7TH AVE.
MIAMI FL 33127

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Anthony Wilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2002 (407) 935-0959

Date

Daytime Phone #

CR2E037 (9/01)