

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 28, 2006 8:00 am
Secretary of State

06-28-2006 90002 041 ***158.75

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|--|--|--|---|--|--|
| DOCUMENT # P04000043837 1. Entity Name DESTINY ADULT AND CHILDREN COUNSELING CENTER, INC | | | | | |
| Principal Place of Business 317 NE 36TH AVENUE, STE. #3 C/O MERCY OIBO OCALA, FL 34470 | | | Mailing Address 317 NE 36TH AVENUE, STE. #3 C/O MERCY OIBO OCALA, FL 34470 <i>C/O Mercy OIBO</i> | | |
| 2. Principal Place of Business 150 SE 17th Street Suite, Apt. #, etc. Suite 801 | | 3. Mailing Address P.O. Box 36 Suite, Apt. #, etc. | | 06082006 Chg-P CR2E034 (11/05) | |
| City & State Ocala Florida | | City & State Ocala FL | | 4. FEI Number 90-0181367 | |
| Zip FL | | Country Marion | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent OIBO, MERCY 317 NE 36TH AVENUE SUITE #3 OCALA, FL 34470 <i>OIBO Mercy</i> <i>150 SE 17th Street</i> <i>Suite 801</i> <i>Ocala, FL 34471</i> | | | 7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P OIBO, MERCY <i>150 SE 17th St</i> <i>Suite 801, Ocala FL</i> <i>34471</i> | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C OIBO, JOSEPH <i>150 SE 17th St</i> <i>Suite 801, Ocala FL</i> <i>34471</i> | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, 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: <i>M. Oibo</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date: <i>23rd June 2006</i> <small>Daytime Phone #</small> | | |