

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 729481

**Entity Name:** DESTINY CHRISTIAN CHURCH & INTERNATIONAL MINISTRIES, INC.**Current Principal Place of Business:**700 S. COURTENAY PKWY  
MERRITT ISLAND, FL 32952**Current Mailing Address:**700 S. COURTENAY PKWY  
MERRITT ISLAND, FL 32952**FEI Number: 59-2159446****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**MELIA, CAROLYN J  
1007 ROCKLEDGE DRIVE  
ROCKLEDGE, FL 32955 US*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

**Officer/Director Detail :**

|                 |                       |
|-----------------|-----------------------|
| Title           | D/P                   |
| Name            | MONTECALVO, GARY D    |
| Address         | 301 WESTCHESTER DRIVE |
| City-State-Zip: | COCOA FL 32926        |

|                 |                    |
|-----------------|--------------------|
| Title           | D/VP               |
| Name            | ELROD, ROBERT W    |
| Address         | 978 NICKLAUS       |
| City-State-Zip: | ROCKLEDGE FL 32955 |

|                 |                         |
|-----------------|-------------------------|
| Title           | D/S                     |
| Name            | CURTIS, CHUCK           |
| Address         | 700 S. COURTENAY PKWY.  |
| City-State-Zip: | MERRITT ISLAND FL 32952 |

|                 |                         |
|-----------------|-------------------------|
| Title           | D                       |
| Name            | DRUCK, JIM              |
| Address         | 700 S. COURTENAY PKWY.  |
| City-State-Zip: | MERRITT ISLAND FL 32952 |

I hereby 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 all other like empowered.

**SIGNATURE: GARY MONTECALVO****PRESIDENT****06/10/2013**

Electronic Signature of Signing Officer/Director Detail

Date