

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000004844

**Entity Name:** DESTINY CHRISTIAN UNIVERSITY, INC.**Current Principal Place of Business:**3810 INVERRARY BLVD  
#101  
LAUDERHILL, FL 33319**Current Mailing Address:**PO BOX 822295  
PEMBROKE PINES, FL 33082 US**FEI Number:** 20-0143774**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ALLEN, DEBRA A  
890 NW 168 AVE  
PEMBROKE PINES, FL 33028 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:** DEBRA A ALLEN

03/12/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PD
Name	ALLEN, DEBRA DR.
Address	890 NW 168 AVE
City-State-Zip:	PEMBROKE PINES FL 33028

Title	D
Name	GIBSON, ELIZABETH
Address	110 NOWELL DRIVE
City-State-Zip:	FAIRBURN GA 30213

Title	D
Name	BRASSFIELD, PHILIP
Address	1009 TRAILWOOD
City-State-Zip:	HEBER SPRINGS AR 72543

Title	D
Name	GOLPHIN, RAYMOND
Address	1105 TERRY LANE
City-State-Zip:	BLYTHEVILLE AR 72315

Title	D
Name	JONES, CHANDRIA
Address	11550 ALDBURG WAY
City-State-Zip:	GERMANTOWN MD 20876

Title	D
Name	BROWN, CLARICE
Address	PO BOX 101134
City-State-Zip:	FT LAUDERDALE FL 33310

Title	DIRECTOR
Name	MILLS, ANDRE L SR.
Address	400 NW 101 TERRACE
City-State-Zip:	CORAL SPRINGS FL 33071

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:** DEBRA A ALLEN

PRESIDENT

03/12/2018

Electronic Signature of Signing Officer/Director Detail

Date