

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000012042

Entity Name: ANGELS OF DESTINY, INC**Current Principal Place of Business:**155 BENTLEY OAKS BLVD
AUBURNDALE, FL 33823**Current Mailing Address:**PO BOX 728
AUBURNDALE, FL 33823 US**FEI Number:** 35-2616438**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FLEMING, DOLMECIA
155 BENTLEY OAKS BLVD.
AUBURNDALE, FL 33823 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	CEO, PRESIDENT
Name	FLEMING, DOLMECIA
Address	155 BENTLEY OAKS BLVD.
City-State-Zip:	AUBURNDALE FL 33823

Title	SD
Name	MABREY, JOY
Address	8102 CHAMPIONS CIR. 4-306
City-State-Zip:	CHAMPIONS GATE FL 33896

Title	TREASURER
Name	KELLEY- RENTZ, JAN
Address	495 HEATHER CT
City-State-Zip:	BARTOW FL 33830

Title	OFFICER
Name	EVANS, MY'KAH
Address	155 BENTLEY OAKS BLVD
City-State-Zip:	AUBURNDALE FL 33823

Title	EXECUTIVE SECRETARY
Name	WHITESIDE, LEDIA
Address	PO BOX 728
City-State-Zip:	AUBURNDALE FL 33823

Title	OFFICER
Name	WILLIAMS-BOSWELL, LYNETTE
Address	PO BOX 728
City-State-Zip:	AUBURNDALE FL 33823

Title	OFFICER
Name	GAULT , JESSICA
Address	PO BOX 728
City-State-Zip:	AUBURNDALE FL 33823

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: DOLMECIA FLEMING**PRESIDENT****04/14/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date