

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003164

Entity Name: CITY OF DESTINY, INC.

Current Principal Place of Business:

505 E.MCCORMICK RD
APOPKA, FL 32703

Current Mailing Address:

505 E.MCCORMICK RD
APOPKA, FL 32703

FEI Number: 59-3383244

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WHITE-CAIN, PAULA
505 E. MCCORMICK ROAD
APOPKA, FL 32703 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: PAULA WHITE-CAIN

04/02/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name WHITE-CAIN, PAULA
Address 505 E. MCCORMICK ROAD
City-State-Zip: APOPKA FL 32703

Title D
Name FULLER, HAROLD
Address 426 ALEXANDRIA PLACE
City-State-Zip: APOPKA FL 32712

Title SD
Name ESANNASON, MARGUERITE
Address 1780 CAROLINA WREN DR.
City-State-Zip: OCOEE FL 34761

Title DIRECTOR
Name FOSTER, HANK
Address 505 E.MCCORMICK RD
City-State-Zip: APOPKA FL 32703

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: MARGUERITE ESANNASON

SD

04/02/2020

Electronic Signature of Signing Officer/Director Detail

Date