2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003224

WHITEHEAD, STEVE

LILLIAN, AL 30102

P O BOX 938

Name:

Address:

City-St-Zip:

Entity Name: FAMILIES OF DESTINY INTERNATIONAL, INC.

FILED Sep 29, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 907 CATSKILL LANE 2011 SOUTH 194TH STREET PENSACOLA, FL 32507 OMAHA, NE 68130 **Current Mailing Address: New Mailing Address:** 2011 SOUTH 194TH STREET 907 CATSKILL LANE PENSACOLA, FL 32507 OMAHA, NE 68130 FEI Number: 59-3713996 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FISCHER, CRAIG J WEAVER, WESLEY J 609 DUNDEE DRIVE 907 CATSKILL LANE PENSACOLA, FL 32507 PENSACOLA, FL 32507 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: WESLEY J. WEAVER 09/29/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition FISCHER, CRAIG J FISCHER, CRAIG J Name: Name: 907 CATSKILL LANE Address: 2011 SOUTH 194TH STREET Address: City-St-Zip: PENSACOLA, FL 32507 City-St-Zip: OMAHA, NE 68130 Title: () Delete Title: (X) Change () Addition Name: FISCHER, JAN R Name: FISCHER, JAN R Address: 907 CATSKILL LANE Address: 2011 SOUTH 194TH STREET City-St-Zip: PENSACOLA, FL 32507 City-St-Zip: OMAHA, NE 68130 Title: () Delete Title: () Change () Addition FISHER, ROGER Name: Name: 5292 WILD INDIGO WAY Address: Address: City-St-Zip: ACWORTH, GA 30102 City-St-Zip: Title: () Delete Title: () Change () Addition Name: TVIRDIK, MICHELLE Name: Address: 1947 CORAL CREEK RD Address: City-St-Zip: PENSACOLA, FL 32506 City-St-Zip: Title: Title: () Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: CRAIG J. FISCHER PRES 09/29/2004