

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000090

FILED
Apr 29, 2008
Secretary of State

Entity Name: DERRICK YOUNG MINISTRIES INC

Current Principal Place of Business:

557 SE NOME DRIVE
PORT ST. LUCIE, FL 34984

New Principal Place of Business:

Current Mailing Address:

557 SE NOME DRIVE
PORT ST. LUCIE, FL 34984

New Mailing Address:

P.O. BOX 1939
STUART, FL 34995

FEI Number: 20-8109216

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YOUNG, DERRICK
557 SE NOME DRIVE
PORT ST. LUCIE, FL 34984 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: YOUNG, DERRICK
Address: 557 SE NOME DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34984

Title: T () Delete
Name: YOUNG, ENID
Address: 557 SE NOME DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34984

Title: S () Delete
Name: ELLERBE, DOROTHY
Address: 2499 SE AMHERST STREET
City-St-Zip: STUART, FL 34997

Title: D () Delete
Name: BOUTRIN, HARRIETTE
Address: 160-47 121 AVE
City-St-Zip: JAMAICA, NY 11434

Title: D () Delete
Name: CANTERBURY, FLORENCE
Address: 160-47 121 AVE
City-St-Zip: JAMAICA, NY 11434

Title: D (X) Delete
Name: SMITH, AGNUS
Address: 1210 NORTH 22ND STREET
City-St-Zip: FORT PIERCE, FL 34950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

SIGNATURE: DERRICK YOUNG

P

04/29/2008

Electronic Signature of Signing Officer or Director

Date