2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 17, 2009
Secretary of State

DOCUMENT# N07000000090

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:

P.O. BOX 1939
STUART, FL 34995

New Mailing Address:

FEI Number: 20-8109216 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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	

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:	

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 L. YOUNG PD 09/17/2009

Electronic Signature of Signing Officer or Director — Date