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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **703226** **(1)**

1. Corporation Name

DERBYSHIRE BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
1127 DERBYSHIRE RD. HOLLY HILL FL 32117-1813 US	1127 DERBYSHIRE RD HOLLY HILL FL 32117-1813

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/20/1961
3a. Date of Last Report: 07/01/1994
4. FEI Number: 59-1486534 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business 21:
Suite, Apt. #, etc. 22:
City & State 23:
Zip 24: Country 25:

2a. Mailing Address 26:
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29: Country 30:

9. Name and Address of Current Registered Agent

KING, JOHNNY L.
904 DAYTONA AVE.
HOLLY HILL FL 32117

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	KING, JOHNNY L.	1.2 NAME	
STREET ADDRESS	1114 CARMEN AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLY HILL FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	WOOD, HERB	2.2 NAME	
STREET ADDRESS	1512 CULVERHOUSE RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLY HILL FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	OWINGS, FRED	3.2 NAME	
STREET ADDRESS	207 S. OLEANDER AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLY HILL FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	T ☑ Change ☐ Addition
NAME	STRICKLEN, WAYNE E	4.2 NAME	David Rainwater
STREET ADDRESS	1006 INDIAN OAKS W.	4.3 STREET ADDRESS	633 Ash Street
CITY-ST-ZIP	HOLLY HILL FL	4.4 CITY-ST-ZIP	Holly Hill, FL 32117
TITLE	T	5.1 TITLE	☐ Change ☐ Addition
NAME	WALDEN, HAROLD	5.2 NAME	
STREET ADDRESS	427 POINSETTA RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	D ☐ Change ☑ Addition
NAME		6.2 NAME	A. D. Field
STREET ADDRESS		6.3 STREET ADDRESS	118 Palm Dr.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Daytona Beach, FL 32117

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: J. L. King (PD) Johnny L. King 3-10-95 (904) 253-7733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0023420