FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

703226

(1)

DERRYSHIRE	DARTICT	CHIDOLL	MIC
DERKYSHIRE	RAPHSI	CHURCH.	INC.

5211511									
Principal Place of Business Mailing Address))((frære Ørøde ræør
1127 DERBYSHIRE RD. 1127 DERBYSHIRE RD HOLLY HILL FL 32117-1813 US		813				.,			
60						3. Date Incorporated or Qualified 11/20/1961	3a. Date	of Last F 3/15/19	
2. Principal Pla	ce of Business	2a. Mailing Address				4. FEI Number 59-1486534			pplied For
26 Suite, Apt. #, etc. Suite, Apt. #, etc.								Not Applicable 8.75 Additional	
22					5. Certificate of Status Desired Fee Requir				
City & State		City & State		Election Campaign Financing Trust Fund Contribution	□ /		May Be I to Fees		
Zip	Country 25	Zip 29				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes You No			
24	9. Name and Address of Curren		1301			10. Name and Address of New Re			
		<u> </u>		81	Name				
KING, JO)HNNY L.			82	Street Add	ress (P.O. Box Number is Not Acceptable	ıj		
	TONA AVE.			В3					
HOLLT	IILL FL 32117			2	0.1			as Zio	Code
_				84	City		FL	85 Zip	Code
or registere	o the provisions of Sections 617.0502 ad agent, or both, in the State of Flori h, and accept the obligations of, Sect	da. Such change was authorize	ed by the i	ove-n	amed corpo oration's boa	oration submits this statement for the purp and of directors. I hereby accept the appoi	ose of chang ntment as re	ging its re gistered	igistered office agent. I am
SIGNATURE _	n, and accopt the congenions of, cost		•						
	Signature, typed or printed name of registered agent			l Agent	l signature regime	ed when reinstating:	DATE	NOCCEO	DO INL 10
12.	OFFICERS AN	D DIRECTORS DELETE	13.	T. C		ADDITIONS/CHANGES TO OFFIC		Change	Addition
TITLE	PD COLUMN I		11 T					Onlange	[] //ga/(ion
NAME]	KING, JOHNNY L.		12 N						
STREET ADDRESS	1114 CARMEN AVE.				RESERVE				
CITY - ST - ZiP	HOLLY HILL FL SD	DELETE	1.4 CITY ETE 2.1 TITL		1-ZIP			Change	Addition
TITLE	~~	Correct	2 2 NAN					5-	
NAME	WOOD, HERB 1512 CULVERHOUSE RD.				ADDRESS				
STREET ADORESS	HOLLY HILL FL				ST - ZIP				
CITY-ST-ZIP TITLE	D HOLLI MILL PL	DELETE	31 I		51 - 4FF			Change	Addition
NAME	OWINGS, FRED		321				-	_	_
STREET ADDRESS	207 S. OLEANDER AVE		338	TREET	ADDRESS				
CITY-ST-ZIP	HOLLY HILL FL		34.0	OITY-S	ST-71P				
TITLE	T	DELETE	411					Change	Addition
NAME	RAINWATER, DAVID		4 2	NAME					
STREET ADDRESS	633 ASH STREET	4.3 \$		TREET	ADORESS				
CITY-ST-ZIP	HOLLY HILL FL		440	ITY-S	T-ZIP				
TITLE	T	DELETE	517	ITLE		90000164 -06/03/96010	1876	Change	☐ Addition
NAME	WALDEN, HAROLD		521	IAME		-06/03/96010	7401	4	
STREET ADDRESS	427 POINSETTA RD.		535	THEET	ADDRESS	***75.00			
CITY-ST-ZIP	DAYTONA BEACH FL		540	ITY-S	IT - ZIP				
TITLE	D	DELETE	611	ITLE] Change	Addition
NAME	FIELD, A.D.		621	IAME					
STREET ADDRESS	118 PALM DRIVE		6.3 \$	TREET	ADORESS				
CITY-ST-ZIP	DAYTONA BEACH FL		640	CITY-S	ST - ZiP	C. H. State of the Co. T 1100	17/2V/A Flori	do Ctot d	on I further

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:

SIGNATURE

SIGNATURE

Dete

Det

Johnny L