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DIVISION OF CORPORATIONS
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CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 765355 (3)
1. Corporation Name
IMMANUEL REFORMED PRESBYTERIAN CHURCH IN DELAND, INC.

Principal Place of Business Mailing Address
811 ORANGE CAMP RD. DELAND FL 32724

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/08/1982
3a. Date of Last Report 01/31/1994

4. FEI Number 59-2234469 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 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 25 Country 28 Zip 30 Country

9. Name and Address of Current Registered Agent
HALEY, BOB
755 VASSAR DRIVE
DELAND, FL
32724

10. Name and Address of New Registered Agent

81 Name Bryant Skinner
82 Street Address (P.O. Box Number is Not Acceptable) 565 Black Ironwood Drive
83
84 City DeLand FL 85 Zip Code 32724

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 607.0502, Florida Statutes.

SIGNATURE *Bryant Skinner*
(Signature typed or printed name of registered agent and fee applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME HALEY, BOB	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 735 VASSAR	CITY - ST - ZIP DELAND, FL 32724	1.2 NAME Skinner, Bryant	1.3 STREET ADDRESS 565 Black Ironwood Drive
1.4 CITY - ST - ZIP DELAND, FL 32724		1.4 CITY - ST - ZIP DeLand, FL 32724	
TITLE D	NAME BOXERMAN, DAVID BEV	2.1 TITLE D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 735 YALE DR	CITY - ST - ZIP DELAND FL	2.2 NAME Belcher, Larry	2.3 STREET ADDRESS 521 Holly Lane
2.4 CITY - ST - ZIP DELAND FL		2.4 CITY - ST - ZIP DeLand, FL 32724	
TITLE D	NAME RASP, JOHN	3.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 504 W. UNIVERSITY AVE.	CITY - ST - ZIP DELAND FL	3.2 NAME Rasp, John	3.3 STREET ADDRESS 504 West University Avenue
3.4 CITY - ST - ZIP DELAND, FL 32720		3.4 CITY - ST - ZIP DeLand, FL 32720	
TITLE VD	NAME MCPHAIL, MIKE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4050 PARK AVE.	CITY - ST - ZIP DELAND FL	4.2 NAME	4.3 STREET ADDRESS
4.4 CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE SD	NAME MEDLIN, RICK	5.1 TITLE D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 365 MERCERS FERRY RD	CITY - ST - ZIP DELAND FL	5.2 NAME Johnson, Larry	5.3 STREET ADDRESS 25815 Arundel Way
5.4 CITY - ST - ZIP DELAND FL		5.4 CITY - ST - ZIP Sorrento, FL 32776	
TITLE D	NAME ECKENWILDER, BILL	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 438 BRIGHT MEADOW DR.	CITY - ST - ZIP LAKE MARY FL	6.2 NAME	6.3 STREET ADDRESS
6.4 CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or a 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 an officer 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 appointment with an address.

SIGNATURE *Bryant Skinner*
(Signature typed or printed name of signing officer or director)

4/5/95 (900) 738-1811