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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 765

1. Corporation Name

765355 (3)

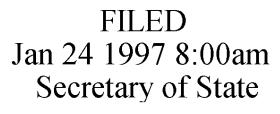
IMMANUEL REFORMED PRESBYTERIAN CHURCH IN DELAND, INC.

Principal Place of Business Mailing Address

811 ORANGE CAMP RD.

DELAND FL 32724

DELAND FL 32724-8428





											3. (Date Incorpora 10/08/19	ated or Qualified 982	3a.	Date of Las 02/13/			
	2. Principal Place of Business					2a. Mailing Address						4. FEI Number 59-2234469					Appli	ed For
21	0.5-					26					297			5-2234409				Applicable
Suite, Apt #, etc.					27							5. (Certificate of S	tatus Desired		\$8.7 Fee	5 Add Requ	
City & State City &						City & Sta	& State					6. 1	Election Camp	aign Financing		\$5.0	Юм	ay Be
23 28												Trust Fund Contribution Added to Fees						Fees
	Zıp	Country				Zip			Country			8. This corporation has liability for intangible tax under s. 199					99.032,	
24	24 25 29							30				Florida Statutes Yes No						
9. Name and Address of Current Registered Agent											10. Name and Address of New Registered Agent							
	565 BLA	R, BRYANT CK IRONW FL 32724	/OOI	D DRIVE					81 82 83	Name Street	Address	s (P.0	O, Box Numbe	or is Not Acceptat	ble)			
									84	City					F	L 85 Z	р Со	de
	office or re agent. I ai _ GNATURE	egistered aç m familiar wi	jent, ith, a	of Sections 617.0502 or both, in the State of ad accept the obligation of the obliga	of Flor tions c	rida. Such c of, Section (hange was 517.0503, Fl	authoria Iorida Si	ed by atutes	the corp	poration	's bo	pard of director	tatement for the pres. I hereby acce	pt the ap	of changing opointment	gits r as rep	egistered gistered
12		Signature, typed	Oi frin	OFFICERS AND			{NO	E Registe		nt signature	required v			ANGES TO OFFIC	DATE	UD DIDECT	Ope	IN 12
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	BELAND EL										Ì							
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	EET ADDRESS	521 HO								********								
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	REE1 ADDRESS			JNIVERSITY AVENI	JE			1		ADDRESS	720	<i>)</i>	. 0,100	Bîll sity Ave. 32724				
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	EET ADDRESS	4050 PA		AVE.				4.3	STREET	address								:
	Y-ST-ZIP	DELAND	FL						CITY-SI	I-ZIP	.							
TIT	.E	D				L] DELETE	5.1	TITLE							☐ Chang	e [Addition
NAI	ME	JOHNS(5.2	NAME									
STF	EET ADDRESS			IDEL WAY				5.3	STAEET	address								
CIT	Y-SI-ZIP	SORREN	OTI)	FL				5.4	CITY-SI	- ZIP	<u></u>							
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CIT	Y-ST-ZIP								CITY-ST									
		y certify tha	t the	information supplied	with 1	lhis filina do	es not qual				tated in	Sec	tion 119.07(3)(i). Florida Statute	s. I furth	ner certify th	at the	3

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.

7-7- (Y07) 750-00

Date Daytime Phone # 001357: