

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Mar 06 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 765355 (3)**  
 1. Corporation Name  
**IMMANUEL REFORMED PRESBYTERIAN CHURCH IN DELAND, INC.**

Principal Place of Business <b>811 ORANGE CAMP RD. DELAND FL 32724</b>	Mailing Address <b>811 ORANGE CAMP RD. DELAND FL 32724</b>
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3. Date Incorporated or Qualified  
**10/08/1982**

4. FEI Number <b>59-2234469</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
	Zip <b>29</b>
	Country <b>30</b>

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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

**SKINNER, BRYANT**  
**565 BLACK IRONWOOD DRIVE**  
**DELAND FL 32724**

10. Name and Address of New Registered Agent

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SKINNER, BRYANT</b>	1.2 NAME	
STREET ADDRESS	<b>565 BLACK IRONWOOD DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELAND FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BELCHER, LARRY</b>	2.2 NAME	
STREET ADDRESS	<b>521 HOLLY LANE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELAND FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCPHAIL, MIKE</b>	3.2 NAME	
STREET ADDRESS	<b>4050 PARK AVE.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELAND FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, LARRY</b>	4.2 NAME	
STREET ADDRESS	<b>25815 ARUNDEL WAY</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SORRENTO FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANDREWS, BILL</b>	5.2 NAME	
STREET ADDRESS	<b>420 E UNIVERSITY AVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELAND FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. **LAURENCE BELCHER**

SIGNATURE: *Laurence Belcher* **2/26/98 (904) 238-2091**

CR2037 (10/97)