

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2004 8:00 am
Secretary of State

06-09-2004 90001 025 ****61.50

DOCUMENT # 765355

1. Entity Name
IMMANUEL REFORMED PRESBYTERIAN CHURCH IN DELAND, INC.



Principal Place of Business
**811 ORANGE CAMP RD.
 DELAND, FL 32724**

Mailing Address
**811 ORANGE CAMP RD.
 DELAND, FL 32724**

44040060



03112003 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2234469	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SKINNER, BRYANT
 1306 N. STONE RD.
 DELAND, FL 32720**

**DO NOT WRITE
 IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$61.25
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SKINNER, BRYANT 1306 N STONE ST DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELCHER, LARRY 521 HOLLY LANE DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANDREWS, BILL 246 E. FLORENCE AVENUE DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
 IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **5.30.04** **386-738-1811**
SIGNATURE IS TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #