


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
Feb 03, 2005 08:00 AM  
Secretary of State

**DOCUMENT # 765355**

1. Entity 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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01172005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-2234469</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

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



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 \_\_\_\_\_ DATE **02/03/05-80069-011 61.25**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retabaling)

**Filing Fee is \$61.25  
Due by May 1, 2005**

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

**02/03/05-80069-011 61.25**

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 248 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	



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:  DATE **1/26/05** DAYTIME PHONE # **386-739-1811**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR