

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765355

FILED
Feb 11, 2008
Secretary of State

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

Current Principal Place of Business:

811 ORANGE CAMP RD.
DELAND, FL 32724

New Principal Place of Business:

Current Mailing Address:

811 ORANGE CAMP RD.
DELAND, FL 32724

New Mailing Address:

FEI Number: 59-2234469 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARPER, DEREN
833 HANOVER ROAD
DELAND, FL 32724 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HARPER, DEREN
Address: 833 HANOVER R
City-St-Zip: DELAND, FL 32724

Title: SD () Delete
Name: RYERSON, JIM
Address: 1726 CLEMATIS LN
City-St-Zip: WINTER PARK, FL 32792

Title: D () Delete
Name: TCHIVIDJIAN, BOZ
Address: PO BOX 3033
City-St-Zip: DELAND, FL 327213033

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEREN HARPER

PD

02/11/2008

Electronic Signature of Signing Officer or Director

_____ Date