## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000009971

FILED May 01, 2006 Secretary of State

Entity Name: HISTORIC DERBY STREET CHAPEL, INC.

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  Name and Address of Current Registered Agent:  WRIGHT, IDA  3430 DELANNOY AVENUE COCOA, FL 32922 US  The above named entity submits this statement for the purpose of changing its registered office or registered agent, or in the State of Florida.  SIGNATURE:  Electronic Signature of Registered Agent  Date  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:  If title:  D () Delete  WRIGHT, IDA  Name:  Address:  7240 N US HIGHWAY 1 #106  City-St-Zip:  Title:  D () Delete  Title: () Change () Addition  Name:  Address:  City-St-Zip:  ROCKLEDGE, FL 32955  City-St-Zip:  MERRITT ISLAND, FL 32952  City-St-Zip:  MERRITT ISLAND, FL 32955  City-St-Zip:  MERRITT ISLAND, FL 3295	Current P	rincipal Place of Business:	New Principal	New Principal Place of Business:	
PO BOX 1383 COCOA, FL 32923  FEI Number: 20-3544134					
FEI Number: 20-3544134 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  Name and Address of Current Registered Agent:  WRIGHT, IDA 4390 DELANNOY AVENUE COCOA, FL 32922 US  The above named entity submits this statement for the purpose of changing its registered office or registered agent, or in the State of Florida.  SIGNATURE:    Electronic Signature of Registered Agent	Current M	ailing Address:	New Mailing A	ddress:	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  Name and Address of Current Registered Agent:  WRIGHT, IDA  3430 DELANNOY AVENUE  COCOA, FL 32922 US  The above named entity submits this statement for the purpose of changing its registered office or registered agent, or in the State of Florida.  SIGNATURE:  Electronic Signature of Registered Agent  Date  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:  Title:  D () Delete  WRIGHT, IDA  Name:  Address:  7240 N US HIGHWAY 1 #108  City-St-Zip:  Title:  D () Delete  Title: () Change () Addition  Name:  Address:  City-St-Zip:  ROCKLEDGE, FL 32955  City-St-Zip:  ROCKLEDGE, FL 32955  City-St-Zip:  Title:  D () Delete  Title: () Change () Addition  Name:  Address:  City-St-Zip:  ROCKLEDGE, FL 32955  City-St-Zip:  ROCKLEDGE, FL 32955  City-St-Zip:  MERRITT ISLAND, FL 32952  City-St-Zip:  MERRITT ISLAND, FL 32955  City-St-Zip:  MERRITT ISLAND, FL					
### AND PRIVATE REPORT NOT A CONTROLL AND PRIVATE REPORT NOT A CONTROLL AND PRIVATE PROCESS.  ### Control of Provided Pr	In accordan	ce with s. 607.193(2)(b), F.S., the corporation did not re	ceive the prior notice.		
In the State of Florida.  SIGNATURE:  Electronic Signature of Registered Agent  Date  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRE  Title:  D () Delete Title: Name: WRIGHT, IDA Address: 7240 N US HIGHWAY 1 #106 Address: City-St-Zip: COCOA, FL 32927  Title: D () Delete Title: () Change () Addition Name: YOUNGBLOOD, JOANNE Name: Address: City-St-Zip: Title: D () Delete Title: () Change () Addition Name: Address: City-St-Zip: Title: D () Delete Title: () Change () Addition Name: Address: City-St-Zip: Title: D () Delete Title: () Change () Addition Name: Address: City-St-Zip: Title: D () Delete Title: () Change () Addition Name: Address: City-St-Zip: Title: D () Delete Title: () Change () Addition Name: Address: City-St-Zip: Title: D () Delete Title: () Change () Addition Name: Address: City-St-Zip: Title: D () Delete Title: () Change () Addition Name: Address: City-St-Zip: Title: D () Delete Title: () Change () Addition Name: Address: City-St-Zip: Title: D () Delete Title: () Change () Addition Name: Address: City-St-Zip: Title: D () Delete Title: () Change () Addition Name: Address: City-St-Zip: Title: D () Delete Title: () Change () Addition Name: Address: City-St-Zip: Title: D () Delete Title: () Change () Addition Name: Address: City-St-Zip: Title: D () Change () Addition Name: Address: City-St-Zip: Title: City-St-Zip: Title: D () Change () Addition Name: Address: City-St-Zip: Title: City-St-Zip: City-St-	430 DELÁI	NNOY AVENUE			
Electronic Signature of Registered Agent  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRE  Title:  D () Delete Title: () Change () Addition Name: Address: 7240 N US HIGHWAY 1 #106 City-St-Zip: COCOA, FL 32927  Title: D () Delete Title: () Change () Addition Name: YOUNGBLOOD, JOANNE Name: YOUNGBLOOD, JOANNE Address: 27 ORANGE AVENUE City-St-Zip: City-St-Zip: Title: D () Delete Title: () Change () Addition Name: Address: City-St-Zip: Title: D () Delete Title: () Change () Addition Name: BRINKLEY, VOLAMAE Name: BRINKLEY, VOLAMAE Address: City-St-Zip: Title: D () Delete Title: () Change () Addition Name: SMITHHEART, BURL Name: SMITHHEART, BURL Name: SMITHHEART, BURL Name: SMITHHEART, BURL Name: City-St-Zip: MERRITT ISLAND, FL 32952  Title: D () Delete Title: () Change () Addition Name: Address: City-St-Zip: MERRITT ISLAND, FL 32952  Title: D () Delete Title: () Change () Addition Name: Name: Address: City-St-Zip: Title: D () Delete Title: () Change () Addition Name: Address: City-St-Zip: Title: D () Delete Title: () Change () Addition Name: Name: Address: City-St-Zip: Title: D () Delete Title: () Change () Addition Name: N			pose of changing its reg	gistered office or registered agent, or both,	
ADDITIONS/CHANGES TO OFFICERS AND DIRE  Title: D () Delete Title: () Change () Addition  Name: WRIGHT, IDA Name: Address: City-St-Zip:  Title: D () Delete Title: () Change () Addition  Name: YOUNGBLOOD, JOANNE Name: Address: City-St-Zip:  Title: D () Delete Title: () Change () Addition  Name: YOUNGBLOOD, JOANNE Name: Address: City-St-Zip:  Title: D () Delete Title: () Change () Addition  Name: BRINKLEY, VOLAMAE Name: Address: B46 A ANGELA STREET Address: City-St-Zip: City-St-Zip:  Title: D () Delete Title: () Change () Addition  Name: SA46 A ANGELA STREET Address: City-St-Zip:  Title: D () Delete Title: () Change () Addition  Name: SMITHHEART, BURL Name: Address: 1515 TARPON STREET Address: City-St-Zip: MERRITT ISLAND, FL 32952  Title: D () Delete Title: () Change () Addition  Name: SMITHHEART, BURL Name: Address: City-St-Zip: Title: () Change () Addition  Name: BALTHASER, MARY ANN Name: Address: Oity-St-Zip: Title: () Change () Addition  Name: BALTHASER, MARY ANN Name: Address: Oity-St-Zip: ROCKLEDGE, FL 32955  City-St-Zip: ROCKLEDGE, FL 32955	SIGNATUF	RE:			
Title:   D		Electronic Signature of Registered Agent		Date	
Name:         WRIGHT, IDA         Name:           Address:         7240 N US HIGHWAY 1 #106         Address:           City-St-Zip:         COCOA, FL 32927         City-St-Zip:           Title:         D () Delete         Title: () Change () Addition           Name:         YOUNGBLOOD, JOANNE         Name:           Address:         27 ORANGE AVENUE         Address:           City-St-Zip:         ROCKLEDGE, FL 32955         City-St-Zip:           Title:         D () Delete         Title: () Change () Addition           Name:         BRINKLEY, VOLAMAE         Name:           Address:         346 A ANGELA STREET         Address:           City-St-Zip:         ROCKLEDGE, FL 32955         City-St-Zip:           Title:         D () Delete         Title: () Change () Addition           Name:         SMITHHEART, BURL         Name:           Address:         1515 TARPON STREET         Address:           City-St-Zip:         MERRITT ISLAND, FL 32952         City-St-Zip:           Title:         D () Delete         Title: () Change () Addition           Name:         BALTHASER, MARY ANN         Name:           Address:         Oty-St-Zip:	OFFICERS AND DIRECTORS:		ADDITIONS/CH	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Name: YOUNGBLOOD, JOANNE Address: 27 ORANGE AVENUE Address: 27 ORANGE AVENUE Address: City-St-Zip: ROCKLEDGE, FL 32955 City-St-Zip:  Title: D () Delete Title: () Change () Addition Name: BRINKLEY, VOLAMAE Name: Address: City-St-Zip: City-St-Zip: City-St-Zip: Title: D () Delete Title: () Change () Addition Name: SMITHHEART, BURL Name: Address: 1515 TARPON STREET Address: City-St-Zip: MERRITT ISLAND, FL 32952 City-St-Zip:  Title: D () Delete Title: () Change () Addition Name: Address: 1515 TARPON STREET Address: City-St-Zip: MERRITT ISLAND, FL 32952 City-St-Zip: Title: D () Change () Addition Name: BALTHASER, MARY ANN Name: Address: 902 KINGS POST ROAD Address: City-St-Zip: ROCKLEDGE, FL 32955 City-St-Zip: ROCKLEDGE, FL 32955	Name: Address:	WRIGHT, IDA 7240 N US HIGHWAY 1 #106	Name: Address:	() Change () Addition	
Name: BRINKLEY, VOLAMAE Name: Address: 846 A ANGELA STREET Address: City-St-Zip: ROCKLEDGE, FL 32955 City-St-Zip:  Title: D () Delete Title: () Change () Addition Name: Address: City-St-Zip: MERRITT ISLAND, FL 32952 City-St-Zip:  Title: D () Delete Title: () Change () Addition Name: Address: City-St-Zip: MERRITT ISLAND, FL 32952 City-St-Zip: () Change () Addition Name: BALTHASER, MARY ANN Name: Address: 902 KINGS POST ROAD Address: City-St-Zip: ROCKLEDGE, FL 32955 City-St-Zip:	Name: Address:	YOUNGBLOOD, JOANNE 27 ORANGE AVENUE	Name: Address:	() Change () Addition	
Name: SMITHHEART, BURL Name: Address: 1515 TARPON STREET Address: City-St-Zip: MERRITT ISLAND, FL 32952 City-St-Zip:  Title: D () Delete Title: () Change () Addition Name: BALTHASER, MARY ANN Name: Address: 902 KINGS POST ROAD Address: City-St-Zip: ROCKLEDGE, FL 32955 City-St-Zip:	Name: Address:	BRINKLEY, VOLAMAE 846 A ANGELA STREET	Name: Address:	() Change () Addition	
Name: BALTHASER, MARY ANN Name: Address: 902 KINGS POST ROAD Address: City-St-Zip: ROCKLEDGE, FL 32955 City-St-Zip:	Name: Address:	SMITHHEART, BURL 1515 TARPON STREET	Name: Address:	() Change () Addition	
Title: D ( ) Delete Title: ( ) Change ( ) Addition	Name: Address:	BALTHASER, MARY ANN 902 KINGS POST ROAD	Name: Address:	() Change () Addition	
Name: BAXLEY, JUANITA Name: Address: 710 LAKEWOOD CIRCLE Address: City-St-Zip: MERRITT ISLAND, FL 32952 City-St-Zip:	Address:	BAXLEY, JUÀNÍTA 710 LAKEWOOD CIRCLE	Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: BURL R SMITHHEART TREA 05/01/2006