

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009971

FILED
Apr 21, 2009
Secretary of State

Entity Name: HISTORIC DERBY STREET CHAPEL, INC.

Current Principal Place of Business:

430 DELANNOY AVENUE
COCOA, FL 32922

New Principal Place of Business:

121 DERBY STREET
COCOA, FL 32922

Current Mailing Address:

POB 682
COCOA, FL 32923

New Mailing Address:

FEI Number: 20-3544134 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WRIGHT, IDA
7240 N US I 106
COCOA, FL 32927 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: D () Delete
Name: WRIGHT, IDA
Address: 7240 N US HIGHWAY 1 #106
City-St-Zip: COCOA, FL 32927

Title: D () Delete
Name: YOUNGBLOOD, JOANNE
Address: 27 ORANGE AVENUE
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: BRINKLEY, VOLAMAE
Address: 846 A ANGELA STREET
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: SMITHHEART, BURL
Address: 1515 TARPON STREET
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D () Delete
Name: BALTHASER, MARY ANN
Address: 902 KINGS POST ROAD
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: BAXLEY, JUANITA
Address: 710 LAKEWOOD CIRCLE
City-St-Zip: MERRITT ISLAND, FL 32952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WRIGHT, IDA
Address: 7240 N US HIGHWAY 1 #106
City-St-Zip: COCOA, FL 32927

Title: VP (X) Change () Addition
Name: YOUNGBLOOD, JOANNE
Address: 27 ORANGE AVENUE
City-St-Zip: ROCKLEDGE, FL 32955

Title: S (X) Change () Addition
Name: BRINKLEY, VOLAMAE
Address: 846 A ANGELA STREET
City-St-Zip: ROCKLEDGE, FL 32955

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: IDA J. WRIGHT

PRES

04/21/2009

Electronic Signature of Signing Officer or Director

Date