

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N10790** (6)

1. Corporation Name

DIDYMUS FELLOWSHIP INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

**4626 GROVECREST DR.
P O BOX 5931
LAKELAND FL 33807-2931**

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P O BOX 5931
LAKELAND FL 33807-2931**

3. Date Incorporated or Qualified
08/21/1985

3a. Date of Last Report
06/14/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-2793857

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TAYLOR, JOHN W.
4626 GROVECREST DR.
LAKELAND FL 33803**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable:

(NOTE: Registered Agent signature required when transacting.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **TAYLOR, JOHN**
STREET ADDRESS **4626 GROVECREST DR.**
CITY-ST-ZIP **LAKELAND FL**

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **Fear, CHRIS**
1.3 STREET ADDRESS **1211 ROLLING WOODS LN**
1.4 CITY-ST-ZIP **LAKELAND, FL 33803**

TITLE **VD** ☐ DELETE
NAME **TAYLOR, STELENE**
STREET ADDRESS **4626 GROVECREST DR.**
CITY-ST-ZIP **LAKELAND FL**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **HETRICK, JUDD**
2.3 STREET ADDRESS **201 W. MAXWELL ST**
2.4 CITY-ST-ZIP **LAKELAND, FL 33803**

TITLE **TD** ☒ DELETE
NAME **KIRKLEY, DAN**
STREET ADDRESS **716 COLLEGE**
CITY-ST-ZIP **BELTON TX**

3.1 TITLE **SD** ☐ Change ☒ Addition
3.2 NAME **HURT, PAT**
3.3 STREET ADDRESS **3646 PALM RD**
3.4 CITY-ST-ZIP **LAKELAND FL 33809**

TITLE **D** ☒ DELETE
NAME **MCBRIDE, DAN**
STREET ADDRESS **2025 SYLVESTER RD #P4**
CITY-ST-ZIP **LAKELAND FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **PATRICK, SILAS**
STREET ADDRESS **1330 EASTON DR.**
CITY-ST-ZIP **LAKELAND FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **DST** ☐ DELETE
NAME **POWELL, RICK**
STREET ADDRESS **1226 HONEYTREE LN E.**
CITY-ST-ZIP **LAKELAND FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **JOHN TAYLOR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Taylor

18 JAN 1996

Date

813-644-4196

Daytime Phone #

CR2E037 (12/95)