

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

03-19-2001 90075 034 ****61.25

DOCUMENT # N10790

1. Entity Name

DIDYMUS FELLOWSHIP INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2793857

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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.

SIGNATURE

John W. Taylor, President

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

(NOTE: Registered Agent signature required when reappointing)

03/14/2001

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAYLOR, JOHN 4626 GROVECREST DR. LAKELAND FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TAYLOR, STELENE 4626 GROVECREST DR. LAKELAND FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HURT, PAT 715 S. MISSOURI AVE #1 LAKELAND FL 33815	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST POWELL, RICK 1226 HONEYTREE LN E. LAKELAND FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director CHRIS Fear, Atty. 1211 Rollingwood Ln Lakeland, FL 33813	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Judson Hetrick 201 W. Maxwell St Lakeland, FL 33803	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

John W. Taylor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/14/2001
Date

863-644-4196
Daytime Phone #

CR2037 (10/00)