

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10790

1. Entity Name

DIDYMUS FELLOWSHIP INTERNATIONAL, INC.

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91705 023 ****70.00

UD44569

Principal Place of Business

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

Mailing Address

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

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE ☐ Change ☒ Addition
NAME D Meadows, Rita
STREET ADDRESS 1000 Long Fellow Blvd
CITY-ST-ZIP Lakeland, FL 33801

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME HURT, PAT
STREET ADDRESS 715 S. MISSOURI AVE #1
CITY-ST-ZIP LAKELAND FL 33815

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME FEAR, CHRIS ATTY
STREET ADDRESS 1211 ROLLINGWOOD LANE
CITY-ST-ZIP LAKELAND FL 33813

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME HETRICK, JUDSON
STREET ADDRESS 201 W MAXWELL ST
CITY-ST-ZIP LAKELAND FL 33803

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 1, 2002

Date

Daytime Phone #

CR2E037 (9/01)