

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2005 08:00 AM
Secretary of State

DOCUMENT # N10790

1. Entity Name
DIDYMUS FELLOWSHIP INTERNATIONAL, INC.



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**



03132005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

1100000265503
03/16/05-80060-006 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TAYLOR, JOHN
STREET ADDRESS	4626 GROVECREST DR.
CITY - ST - ZIP	LAKELAND, FL
TITLE	VD
NAME	TAYLOR, STELENE
STREET ADDRESS	4626 GROVECREST DR.
CITY - ST - ZIP	LAKELAND, FL
TITLE	D
NAME	MEADOWS, RITA
STREET ADDRESS	1000 LONG FELLOW BLVD
CITY - ST - ZIP	LAKELAND, FL 33801
TITLE	DST
NAME	POWELL, RICK
STREET ADDRESS	1226 HONEYTREE LN E
CITY - ST - ZIP	LAKELAND, FL
TITLE	D
NAME	FEAR, CHRIS ATTY
STREET ADDRESS	1211 ROLLINGWOOD LANE
CITY - ST - ZIP	LAKELAND, FL 33813
TITLE	D
NAME	HETRICK, JUDSON
STREET ADDRESS	201 W MAXWELL ST
CITY - ST - ZIP	LAKELAND, FL 33803

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IN THIS SPACE**

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

John W. Taylor, President 03/13/2005 863-644-4196

Date

Daytime Phone #