

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 24, 2006 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**



05022006 No Chg-NP CR2E037 (4/06)

**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 **2006** calendar year, and accepts the obligations of registered agent.

05/24/06-80006-003 70.00

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**\$70.00**

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

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

*Rick Powell, DST*

05/02/2006

863-644-4196

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #