

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 # N50126 (4)

1. Corporation Name

DRIVE-IN CHURCHES, INC.

Principal Place of Business

8001 US 19TH NORTH
PINELLAS PARK FL 34665
US

Mailing Address

P. O. BOX 12345
ST. PETERSBURG FL 33733
US



3. Date Incorporated or Qualified

07/01/1992

3a. Date of Last Report

04/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PIPPEN, JOSEPH F., JR.
10225 ULMERTON ROAD
BUILDING 11
LARGO FL 34641

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 office 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

(Initials) Registered Agent's signature required when establishing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~Dr.~~ ☐ DELETE

NAME RALSTON, DONALD

STREET ADDRESS 2265 VANDERBILD

CITY-ST-ZIP CLEARWATER FL 34625

TITLE Dr. ☐ DELETE

NAME BROOKS, CLETUS

STREET ADDRESS 6770 BROOKS HIGHWAY

CITY-ST-ZIP ONSTED MI 49265

TITLE ~~Dr.~~ Secretary/Treasurer ☐ DELETE

NAME DISTLER, DAVID

STREET ADDRESS 1897 TANGLEWOOD

CITY-ST-ZIP ST. PETERSBURG FL 33702

TITLE Dr. ☐ DELETE

NAME JEFFRIES, GENE

STREET ADDRESS 2505 BARCELONIA

CITY-ST-ZIP SPRINGDALE AR 72766

TITLE D ☐ DELETE

NAME BEARD, KEN

STREET ADDRESS 222 CITRUS

CITY-ST-ZIP DUNEDIN FL 33528

TITLE ~~Dr.~~ VICE PRES. ☐ DELETE

NAME EHNIS, RICHARD

STREET ADDRESS EAGLE POINT

CITY-ST-ZIP CLARK LAKE MI 49234

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

Dr. Chairman & President ☐ Change ☒ Addition

TERRY LYTLE

6035 113 AVE NO.

PINELLAS PARK, FL 34666

Dr. Ted Mennier ☐ Change ☐ Addition

1845 McCawley Rd

Clearwater, FL 34625

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TERRY LYTLE

3/26/96

813/577-6922

Daytime Phone #

CR2E037 (12/95)