FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



DIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DOCUMENT # N50126

1. Corporation Name

DRIVE-IN CHURCHES, INC.

Principal Place of Business
8001 US 19TH NORTH

Mailing Address

D O DOV 12345



	AS PARK FL 33781 ST. PETERSBURG FL 33733 US						
Principal Place of Business 2a. Mailing Address 21				3. Date Incorporated or Qualifed 07/01/1992			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		4. FEI Number NOT APPLICABLE		Applied For Not Applicable
City & State		City & State	City & State		- 	\$8.75 Additional Fee Required	
Zip 24	Country	Zip 3	Country	1	Election Campaign Financing Trust Fund Contribution	1 1	0 May Be
	9. Name and Address of Current]		10. Name and Address of New Re	gistered Agent	-
			81	Name			
,	OSEPH F., JR. MERTON ROAD		82	Street Add	dress (P.O. Box Number is Not Acceptable	le)	
		•	83				
BUILDING LARGO FI			84	City		85 Z	ip Code
				,		FL	
office or t	to the provisions of Sections 617.0502 registered agent, or both, in the State of im familiar with, and accept the obligati	of Fiorida. Such change was auti	nonzeu ov	the corborat	poration submits this statement for the pution's board of directors. I hereby accept	urpose of changing the appointment as	its registered registered
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: Re	egistered Age	nt signature requir	red when reinstating)	DATE	
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFI		
TITLE	D	☐ DELETE	1,1 TITLE			☐ Chang	ge
NAME	RALSTON, DONALD		1.2 NAME				
STREET ADDRESS	2265 VANDERBILD			TADDRESS			
CITY-ST-ZIP	CLEARWATER FL	☐ DELETE	1.4 CITY-8	ST-ZIP		☐ Chang	ge Addition
TITLE	P	C) OFFEIG	2.1 TITLE				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
NAME	LYTLE, TERRI		2.2 NAME	TADODECC			
STREET ADDRESS	6035 113TH AVENUE NORTH PINELLAS PARK FL 33782	ناين شاہ ليدا	2.4 CITY-S	T ADORESS	يحسم التهامين ماستا	· _ ′	-TT 1
CMY-ST-ZIP	ST	☐ DELETE	3.1 TITLE	31-21		☐ Chan	ge Addition
NAME	DISTLER, DAVID	_	3.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL		3.4, CITY-1	ST-ZIP			
TITLE	STMONNIER	☐ DELETE	4.1 TITLE			☐ Chan	ge 🗌 Addition
NAME	MONNISE, DR TED		4. 2 NAME	}			
STREET ADDRESS	2424 SUNSET POINT ROAD		4.3 STREE	TADORESS			
CITY-ST-ZIP	CLERAWATER FL 34625		4.4 CITY-S	ST-ZIP			
TITLE	D	☐ DELETE	5.1 TITLE			☐ Chan	ge
NAME	BEARD, KEN		5.2 NAME	TARRES			
STREET ADDRESS			5.3 STREE 5.4 CITY-5	T ADDRESS			
CITY-ST-ZIP	DUNEDIN FL	☐ DELETE	6.1 TITLE	21-215		Chan	ge Addition
TITLE	VP		6.2 NAME				,
NAME CTREET ADODESC	EHNIS, RICHARD EAGLE POINT			T ADDRESS			
STREET ADDRESS	CLARK LAKE MI		6.4 CITY-S	1			
CHY-SI-ZIP	I OLARIN LAINE MI		■ J., J.,				

14. 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 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, with all other like empowered.

SIGNATURE:

DISTLER, SEC