

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90040 011 \*\*\*\*61.25

**DOCUMENT # N50126**

1. Entity Name

DRIVE-IN CHURCHES, INC.



Principal Place of Business *for 3 yrs. now*  
8001 US 19TH NORTH *13155-40 ST. N.*  
PINELLAS PARK FL 33781  
US *clear water, FL 33762*

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

2. Principal Place of Business  
*13155-40 ST. N.*  
Suite, Apt. #, etc.

3. Mailing Address  
*P.O. Box 12345*  
Suite, Apt. #, etc.

City & State  
*CLEARWATER, FL*

City & State  
*ST. PETERSBURG*

4. FEI Number  
NO-T APPLICABLE

Applied For  
Not Applicable

Zip  
*33760*

Country  
*USA*

Zip  
*FL*

Country  
*33733*

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

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

SIGNATURE

*Dr. Terry Lytle*

(NOTE: Registered Agent signature required when reinstating)

*4/7/04*  
DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

**10. OFFICERS AND DIRECTORS**

|  |  |                                 |
|--|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>RALSTON, DONALD<br>1460 CAIRN CT<br>PALM HARBOR FL 34683          | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>LYTLE, TERRY<br>6035 113TH AVENUE NORTH<br>PINELLAS PARK FL 33782 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>GEORGE, MILAN<br>49800 W 6 MI RD<br>NORTHVILLE MI 48167          | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>MONNIER, TED<br>2424 SUNSET POINT ROAD<br>CLERAWATER FL 34625    | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BEARD, KEN<br>222 CITRUS<br>DUNEDIN FL 34698                      | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>EHNIS, RICHARD<br>EAGLE POINT<br>CLARKLAKE MI 49234              | <input type="checkbox"/> Delete |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | GENE JEFFRIES<br>P.O. Box 6251<br>Springdale, AR 72766       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MIKE JONES<br>1321 Upper Kingston Rd<br>Prattville, AL 36064 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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:

*Dr. Terry Lytle*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/7/04*  
Date

Daytime Phone #