

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 708703

1. Corporation Name

MIDWAY BAPTIST CHURCH LEESBURG, FLORIDA, INC.

Principal Place of Business

3270 BLOSSOM LANE  
LEESBURG FL 34788

Mailing Address

3270 BLOSSOM LANE  
LEESBURG FL 34788

FILED  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90111 039 \*\*\*\*61.25

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2. Principal Place of Business

21 32707 Blossom Lane

Suite, Apt. #, etc.

22 Leesburg, Fl. 34788

City & State

23

Zip

Country

24

25

2a. Mailing Address

26 32707 Blossom Lane

Suite, Apt. #, etc.

27 Leesburg, Fl. 34788

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

03/26/1965

4. FEI Number

59-3270444

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

CHARLES P RAPP  
01322 SPRING LK RD  
FRUITLAND PK FL 34731

10. Name and Address of New Registered Agent

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE D ☒ DELETE  
NAME JONES, WAYNE  
STREET ADDRESS 11111 CALIFORNIA STREET  
CITY-ST-ZIP LEESBURG FL 34788

TITLE D ☒ DELETE  
NAME CHAPPELL, MILTON L  
STREET ADDRESS 35835 NATURE TRAIL  
CITY-ST-ZIP LEESBURG FL 34748

TITLE D ☒ DELETE  
NAME GASKINS, CHRIS  
STREET ADDRESS 36720 EMERALDA ISLAND BLVD.  
CITY-ST-ZIP LEESBURG FL 34788

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition  
1.2 NAME David P. Carnecchia  
1.3 STREET ADDRESS 38848 Ella Dr.  
1.4 CITY-ST-ZIP Lady Lake, Fl. 32159

2.1 TITLE D ☒ Change ☐ Addition  
2.2 NAME Robin Ann Carnecchia  
2.3 STREET ADDRESS 38848 Ella Dr.  
2.4 CITY-ST-ZIP Lady Lake, Fl. 32159

3.1 TITLE D ☒ Change ☐ Addition  
3.2 NAME Mary Rapp  
3.3 STREET ADDRESS 11 322 Spring Lake Road  
3.4 CITY-ST-ZIP Fruitland Park, Fl. 34731

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

*David P. Carnecchia*  
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-99

352-750-2644

CR2E037 (11/98)