

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 28, 2006 8:00 am
Secretary of State

08-28-2006 90004 026 ****61.25

DOCUMENT # 708703

1. Entity Name
MIDWAY BAPTIST CHURCH LEESBURG, FLORIDA, INC.



Principal Place of Business
**32707 BLOSSOM LANE
LEESBURG, FL 34788**

Mailing Address
**32707 BLOSSOM LANE
LEESBURG, FL 34788**

00000000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05122006

Chg-NP

CR2E037 (4/06)

City & State

City & State

4. FEI Number
59-3270444

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PAYNE, CHARLES
05029 MOCKINGBIRD LANE
FRUITLAND, FL 34731**

Name **Dr. Alan Holden**

Street Address (P.O. Box Number is Not Acceptable)
327 E. Lakeview Ave

City **Eustis**

FL

Zip Code
32726

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. Alan Holden

8-16-06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 6, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **PAYNE, CHARLES**
STREET ADDRESS **05029 MOCKINGBIRD LANE**
CITY-ST-ZIP **FRUITLAND PARK, FL 34731**

TITLE **D** ☐ Change ☒ Addition
NAME **Ralph McMullen**
STREET ADDRESS **32707 Blossom Ln**
CITY-ST-ZIP **Leesburg FL 34788**

TITLE **D** ☒ Delete
NAME **CONKLIN, JOHN**
STREET ADDRESS **2610 CARPENTER PLACE**
CITY-ST-ZIP **LEESBURG, FL 34748**

TITLE **D** ☐ Change ☒ Addition
NAME **Roy Fluharty**
STREET ADDRESS **32707 Blossom Ln**
CITY-ST-ZIP **Leesburg FL 34788**

TITLE **D** ☐ Delete
NAME **CORNETT, FOREST**
STREET ADDRESS **32213 SUMMERCREEK CIRCLE**
CITY-ST-ZIP **LEESBURG, FL 34748**

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **Norma Theobald**
STREET ADDRESS **32707 Blossom Ln**
CITY-ST-ZIP **Leesburg FL 34788**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Swan McKelky**
STREET ADDRESS **32707 Blossom Ln**
CITY-ST-ZIP **Leesburg FL 34788**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **President** ☐ Change ☒ Addition
NAME **Dr Alan Holden**
STREET ADDRESS **32707 Blossom Ln**
CITY-ST-ZIP **Leesburg FL 34788**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Alan Holden **ALAN HOLDEN**

8-16-06

(352) 314-3080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #