

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2007 08:00 AM
Secretary of State

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**



04112007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3270444

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HOLDEN, ALAN DR
327 E LAKEVIEW AVE
EUSTIS, FL 32726**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

000000707137
04/24/07-80063-003 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FLUHERTY, ROY
32707 BLOSSOM LN
LEESBURG, FL 34788**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCMULLEN, RALPH
32707 BLOSSOM LN
LEESBURG, FL 34788**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**THERBALD, NORMA
32707 BLOSSOM LN
LEESBURG, FL 34788**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
CMCLESKY, SUSAN
32707 BLOSSOM LN
LEESBURG, FL 34788**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
HOLDEN, ALAN DR
32707 BLOSSOM LN
LEESBURG, FL 34788**

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IN THIS SPACE**

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:

NORMA THEOBALD
Norma Theobald

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-07 (352) 742-0100

Date

Daytime Phone #