

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708703

FILED  
Jan 15, 2009  
Secretary of State

**Entity Name:** MIDWAY BAPTIST CHURCH LEESBURG, FLORIDA, INC.

**Current Principal Place of Business:**

32707 BLOSSOM LANE  
LEESBURG, FL 34788

**New Principal Place of Business:**

**Current Mailing Address:**

32707 BLOSSOM LANE  
LEESBURG, FL 34788

**New Mailing Address:**

**FEI Number:** 59-3270444

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

HARMON, LARUE  
250 LILAC DR  
FRUITLAND PARK, FL 34731 US

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.

SIGNATURE: LARUE HARMON

01/15/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HOLDEN, ALAN DR  
Address: 327 E LAKEVIEW AVE  
City-St-Zip: EUSTIS, FL 32726

Title: CC ( ) Delete  
Name: STEGALL, CHRISTINE  
Address: 2600 HOUSTON PL  
City-St-Zip: LEESBURG, FL 34748

Title: T ( ) Delete  
Name: FLUHARTY, ROY  
Address: 1207 PRK AVE  
City-St-Zip: TAVARES, FL 32778

Title: D ( ) Delete  
Name: MCCLESKEY, DENNIS  
Address: 1827 LEESBURG BLVD  
City-St-Zip: FRUITLAND PARK, FL 34731

Title: T ( ) Delete  
Name: THEOBALD, NORMA  
Address: 34911 CR 473  
City-St-Zip: LEESBURG, FL 34788

Title: T ( ) Delete  
Name: MCCLESKEY, SUSAN  
Address: 1827 LEESBURG BLVD  
City-St-Zip: FRUITLAND PARK, FL 34731

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: HARMON, LARUE  
Address: 250 LILAC DR  
City-St-Zip: FRUITLAND PARK, FL 34731

Title: S (X) Change ( ) Addition  
Name: MCCLESKEY, SUSAN  
Address: 1827 LEESBURG BLVD  
City-St-Zip: FRUITLAND PARK, FL 34731

Title: T (X) Change ( ) Addition  
Name: SUMPLE, PAULA  
Address: 31923 ELIZABETH LANE  
City-St-Zip: TAVARES, FL 32778

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: MCMULLEN, RALPH  
Address: 304 N LAKE AVE  
City-St-Zip: LEESBURG, FL 34748

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARUE HARMON

D

01/15/2009

Electronic Signature of Signing Officer or Director

Date