

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22986

**Entity Name:** FIRST CHRISTIAN CHURCH AT LEESBURG, FLORIDA, INC.**Current Principal Place of Business:**1701 VINE STREET  
LEESBURG, FL 34748**Current Mailing Address:**1701 VINE STREET  
LEESBURG, FL 34748 US**FEI Number:** 59-1877036**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DOUPE`, DANIEL T  
1701 VINE STREET  
LEESBURG, FL 34748 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:** DANIEL T. DOUPE`

01/29/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title TRUSTEE  
Name ELLIS, WILLIAM GARY  
Address 1701 VINE STREET  
City-State-Zip: LEESBURG FL 34748

Title TRUSTEE  
Name GREEN, STEELY  
Address 1701 VINE STREET  
City-State-Zip: LEESBURG FL 34748

Title ELDERS, TRUSTEE  
Name LADD, KENT  
Address 1701 VINE STREET  
City-State-Zip: LEESBURG FL 34748

Title PASTOR  
Name MCCANN, MIKE  
Address 1701 VINE STREET  
City-State-Zip: LEESBURG FL 34748

Title TRUSTEE  
Name CASTELLO, CHARLES  
Address 1701 VINE STREET  
City-State-Zip: LEESBURG FL 34748

Title ELDER  
Name DOUPE`, DANIEL  
Address 1701 VINE STREET  
City-State-Zip: LEESBURG FL 34748

Title ELDER  
Name HEATER, ROBERT  
Address 1701 VINE STREET  
City-State-Zip: LEESBURG FL 34748

Title TRUSTEE  
Name STEWART, DALE  
Address 1701 VINE STREET  
City-State-Zip: LEESBURG FL 34748

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*I hereby 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 all other like empowered.*

**SIGNATURE:** ANDREA BLAIR**OFFICE MANAGER**

01/29/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                   OFFICE MANAGER  
Name                 BLAIR, ANDREA  
Address             1701 VINE STREET  
City-State-Zip:   LEESBURG FL 34748

Title                   TRUSTEE  
Name                 MCCORMICK, JAMES  
Address             1701 VINE STREET  
City-State-Zip:   LEESBURG FL 34748