


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 705959</b> 1. Entity Name LEESBURG CHURCH OF THE NAZARENE, INC.			
Principal Place of Business 2100 DR. MARTIN L. KING JR. BLVD. LEESBURG, FL 34748		Mailing Address 2100 DR. MARTIN L. KING JR. BLVD. LEESBURG, FL 34748	
<b>DO NOT WRITE IN THIS SPACE</b>			
		04092005 No Chg-NP CR2E037 (10/03)	
		4. FEI Number 59-6543209	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  WELLER, JOHN H 4315 SERENE CIRCLE FRUITLAND PARK, FL 34731		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>  000000304063 04/13/05-80096-016 61.25	
TITLE	TD		
NAME	GILLHOUSE, JUDY		
STREET ADDRESS	819 OAK DRIVE		
CITY-ST-ZIP	LEESBURG, FL		
TITLE	PD		
NAME	WELLER, JOHN H		
STREET ADDRESS	4315 SERENE CIRCLE		
CITY-ST-ZIP	FRUITLAND PARK, FL 34731		
TITLE	SD		
NAME	TWISS, WANDA		
STREET ADDRESS	41640 COUNTY RD 25		
CITY-ST-ZIP	WEIRSDALE, FL		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		3-26-05 352-753-3333	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	