

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90342 007 ****61.25

DOCUMENT # 705959

1. Entity Name
LEESBURG CHURCH OF THE NAZARENE, INC.



41

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**



04212008 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
59-6543209

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BRINCEFIELD, LACY - LACY
11075 N. FUEGO DR.
DUNNELLON, FL 34434

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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 reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**TD
GILLHOUSE, JUDY
819 OAK DRIVE
LEESBURG, FL**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**PD
BRINCEFIELD, LARRY
11075 N. FUEGO DR
DUNNELLON, FL 34434**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**SD
BAXTER, JOSEPH
8826 LAKE SHORE DR
YALAHUA, FL 34797**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-08
Date

352 314-3174
Daytime Phone #