

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2008 8:00 am**  
**Secretary of State**

01-16-2008 90015 013 \*\*\*\*61.25

**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**

40004304



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01072008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-3270444**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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**

**Make check payable to:  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P  
NAME CHAPPELL, MILTON L  
STREET ADDRESS RT 2 BOX 434  
CITY-ST-ZIP LEESBURG, FL ☒ Delete

TITLE P  
NAME Dr Alan Holden  
STREET ADDRESS 327 E Lakeview Ave  
CITY-ST-ZIP Eustis FL 32726 ☐ Change ☒ Addition

TITLE CC  
NAME STEGALL, CHRISTINE  
STREET ADDRESS 324 TEXAS AVE  
CITY-ST-ZIP TAVARES, FL ☒ Delete

TITLE D  
NAME Ralph McMullen  
STREET ADDRESS 2600 Houston Pl  
CITY-ST-ZIP Leesburg FL 34748 ☐ Change ☒ Addition

TITLE T  
NAME NOTGRASS, SOPHIE E  
STREET ADDRESS 523 BARROW ST  
CITY-ST-ZIP TAVARES, FL ☒ Delete

TITLE D  
NAME Roy Fluharty  
STREET ADDRESS 1207 Park Ave  
CITY-ST-ZIP Tavares FL 32778 ☐ Change ☒ Addition

TITLE S  
NAME DOOLEY, PAUL W  
STREET ADDRESS RT 1 BOX 151  
CITY-ST-ZIP TAVARES, FL ☒ Delete

TITLE D  
NAME Dennis McCleskey  
STREET ADDRESS 1827 Leesburg Blvd  
CITY-ST-ZIP Fruitland Park FL 34731 ☐ Change ☒ Addition

TITLE T  
NAME BROCKSTON, LENA  
STREET ADDRESS RT 2 BOX 302  
CITY-ST-ZIP LEESBURG, FL ☒ Delete

TITLE S  
NAME Norma Theobald  
STREET ADDRESS 34911 CR 473  
CITY-ST-ZIP Leesburg FL 34788 ☐ Change ☒ Addition

TITLE P  
NAME CAHPPELL, BEULAH I  
STREET ADDRESS RT 2 BOX 434  
CITY-ST-ZIP LEESBURG, FL ☒ Delete

TITLE T  
NAME Susan McCleskey  
STREET ADDRESS 1827 Leesburg Blvd  
CITY-ST-ZIP Fruitland Park FL 34731 ☐ Change ☒ Addition

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:

*Dr. Alan Holden*

Dr Alan Holden RA

1-14-08

352-314-3080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #