

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 02, 2009
Secretary of State

DOCUMENT# 708703

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:**HARMON, LARUE
250 LILAC DR
FRUITLAND PARK, FL 34731 US**Name and Address of New Registered Agent:**HOLDEN, ALAN J
327 E LAKEVIEW AVE
EUSTIS, FL 32726 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: ALAN J HOLDEN

11/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

Title: T () Delete
Name: SUMPLE, PAULA
Address: 31923 ELIZABETH LANE
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: D () Delete
Name: MCMULLEN, RALPH
Address: 304 N LAKE AVE
City-St-Zip: LEESBURG, FL 34748

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: HOLDEN, ALAN
Address: 327 E LAKEVIEW AVE
City-St-Zip: EUSTIS, FL 32726

Title: D (X) Change () Addition
Name: KNAUFF, ERWIN L
Address: 36908 WILMINGTON RD
City-St-Zip: FRUITLAND PARK, FL 34731

Title: D (X) Change () Addition
Name: HALE, WILLIAM
Address: 18 KEY WEST DR
City-St-Zip: LEESBURG, FL 34788

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:

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: ALAN HOLDEN

D

11/02/2009

Electronic Signature of Signing Officer or Director

Date