


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

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # 709867 1. Entity Name LAKE EUSTIS CHRISTIAN CHURCH, INC.	
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Principal Place of Business 315 EAST ORANGE AVENUE EUSTIS, FL 32726-4194	Mailing Address 315 EAST ORANGE AVENUE EUSTIS, FL 32726-4194
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DO NOT WRITE IN THIS SPACE



01212008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-6032867	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MCCALL, MALCOLM 1539 N HWY 19 EUSTIS, FL 32726
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**DO NOT WRITE
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WADE, NANCY M 36602 ANTONE DRIVE GRAND ISLAND, FL 32735
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ELLIOTT, DAVID 29100 SE 175TH STREET UMATILLA, FL 32784
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SIMS, HAROLD 1557 SUNSHINE PARKWAY TAVARES, FL 32778
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/01/08-80060-021 61.25

**DO NOT WRITE
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: Nancy M Wade Nancy M. Wade 01/25/08 362-589-2235
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #