

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # 712542	
1. Entity Name THE CHRISTIAN AND MISSIONARY ALLIANCE CHURCH OF LEEBSBURG, FLORIDA	
Principal Place of Business 218 SOUTH 14TH STREET LEEBSBURG, FL 34748	Mailing Address 218 SOUTH 14TH STREET LEEBSBURG, FL 34748



01242007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2159208	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 WEISS, JAMES E 218 S 14TH ST LEEBSBURG, FL 34748

**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 _____ DATE _____
Signature, types or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

000000814198
02/06/07-80015-019 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C WEISS, JAMES E 204 ROYAL DR LEEBSBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUSSEY, WALTER 122 HILL CIRCLE LEEBSBURG, FL 34788
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUDDLES, BRUCE 10645 CYPRESS RD. LEEBSBURG, FL 34788
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAMA, DONALD C 708 4TH AVENUE WILDWOOD, FL 34785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: Donald C Lama DONALD C LAMA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-2007 352-748-6559
Date Daytime Phone #