

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

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # 712542

1. Entity Name
**THE CHRISTIAN AND MISSIONARY ALLIANCE CHURCH
OF LEESBURG, FLORIDA**



Principal Place of Business
**218 SOUTH 14TH STREET
LEESBURG, FL 34748**

Mailing Address
**218 SOUTH 14TH STREET
LEESBURG, FL 34748**



01062008 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 ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WEISS, JAMES E
218 S 14TH ST
LEESBURG, 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

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

00000795664
01/28/08-80056-022 61.25

10. OFFICERS AND DIRECTORS

TITLE C
NAME WEISS, JAMES E
STREET ADDRESS 204 ROYAL DR
CITY-ST-ZIP LEESBURG, FL 34748

TITLE D
NAME MUSSER, WALTER
STREET ADDRESS 122 HILL CIRCLE
CITY-ST-ZIP LEESBURG, FL 34788

TITLE D
NAME DUDDLES, BRUCE
STREET ADDRESS 10645 CYPRESS RD.
CITY-ST-ZIP LEESBURG, FL 34788

TITLE T
NAME LAMA, DONALD C
STREET ADDRESS 708 4TH AVENUE
CITY-ST-ZIP WILDWOOD, FL 34785

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-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:

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

1-24-2008 **352-787-7806**
Date Daytime Phone #