2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State
02-12-2007 90085 040 ****61.25

DOCUMENT # 716105

1. Entity Name

LAKE ELLEN CHRISTIAN CHURCH INC.

Principal Place of Business	Mailing Address
3450 S.W. US HWY. 17 & 92 P.O. BOX 332 CASSELBERRY FL 32707	3450 S.W. US HWY. 17 & 92 P.O. BOX 332 CASSELBERRY FL 32707

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3450 U.S. Highway 17-92	PO Box 332
Suite, Apt. #, etc.: PO Box 332	Suite, Apt. #, etc.: —
City & State: Casselberry, Fl	City & State: Casselberry Fl
Zip: 32707 Country: USA	Zip: 32707 Country: USA

4. FEI Number: 23-7371398 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KNORR, JOSEPH R
818 WILO'WIK DR
CASSELBERRY FL 32707

7. Name and Address of New Registered Agent

Name: ~~Gene~~ Moody, Gene
Street Address (P.O. Box Number is Not Acceptable): 805 Camelia Avenue
City: Altamonte Springs FL Zip Code: 32714

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: Sandra Worley Sandra Worley Treasurer 2/4/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2007

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DS MOODY, GENE 805 CAMELIA AVE ALTAMONTE SPRINGS FL 32714-7122	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS ~~Felicita~~ Melendez, Felicita 521 Winding Oak Lane Longwood, FL. 32750	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP KNORR, JOE 361 HIDDEN PINES CIRCLE CASSELBERRY FL 32707	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Moody, Gene 805 Camelia Avenue Altamonte Springs, Fl 32714	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HILL, SANDRA 104 LOCHLNUAR DR. CASSELBERRY FL 32730	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Worley, Sandra 104 LochinVar Dr. Casselberry Fl 32730	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Sandra Worley Sandra Worley 2/3/07 407-620-5578
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #