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

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

1st MOORE CR2E037 (10/06)

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	7. Name and Address of New Registered Agent
KNORR, JOSEPH R 818 WILO'WIK DR CASSELBERRY FL 32707	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	DS ☒ Delete	TITLE	DS ☐ Change ☒ Addition
NAME	MOODY, GENE	NAME	~~Felicita~~ Melendez, Felicita
STREET ADDRESS	805 CAMELIA AVE	STREET ADDRESS	521 Winding Oak Lane
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714-7122	CITY-ST-ZIP	Longwood, FL. 32750
TITLE	DP ☒ Delete	TITLE	DP ☐ Change ☒ Addition
NAME	KNORR, JOE	NAME	Moody, Gene
STREET ADDRESS	361 HIDDEN PINES CIRCLE	STREET ADDRESS	805 Camelia Avenue
CITY-ST-ZIP	CASSELBERRY FL 32707	CITY-ST-ZIP	Altamonte Springs, Fl 32714
TITLE	T ☒ Delete	TITLE	T ☒ Change ☐ Addition
NAME	HILL, SANDRA	NAME	Worley, Sandra
STREET ADDRESS	104 LOCHLNUAR DR.	STREET ADDRESS	104 Lochinvar Dr.
CITY-ST-ZIP	CASSELBERRY FL 32730	CITY-ST-ZIP	Casselberry Fl 32730
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 #