

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716105

FILED  
Apr 11, 2012  
Secretary of State

**Entity Name:** LAKE ELLEN CHRISTIAN CHURCH INC.

**Current Principal Place of Business:**

3450 US HWY 17-92  
CASSELBERRY, FL 32707

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 332  
CASSELBERRY, FL 32707

**New Mailing Address:**

C/O 805 CAMELLIA AVE  
ALTAMONTE SPRINGS, FL 32714

**FEI Number:** 23-7371398

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

KENNEDY, NORMAN  
163 SAVANNAH PARK LOOP  
CASSELBERRY, FL 32707 US

**Name and Address of New Registered Agent:**

MOODY, GENE  
805 CAMELLIA AVE  
ALTAMONTE SPRINGS, FL 32714 US

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.

**SIGNATURE:** GENE MOODY

04/11/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** DS  
**Name:** KNORR, DEENA  
**Address:** 818 WIL O' WIK DRIVE  
**City-St-Zip:** CASSELBERRY, FL 32707

**Title:** DP  
**Name:** KENNEDY, NORMAN  
**Address:** 163 SAVANNAH PARK LOOP  
**City-St-Zip:** CASSELBERRY, FL 32707

**Title:** D/T  
**Name:** MOODY, GENE  
**Address:** 805 CAMELLIA AVE  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32714 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** GENE MOODY

D/T

04/11/2012

Electronic Signature of Signing Officer or Director

Date