

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 739729 (2)
1. Corporation Name
LEESBURG CHRISTIAN CENTER, INC.



Principal Place of Business: **2508 WESTSIDE DRIVE LEESBURG FL 34748**
Mailing Address: **2508 WESTSIDE DRIVE LEESBURG FL 34748**

3. Date Incorporated or Qualified: **07/27/1977**
3a. Date of Last Report: **02/09/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-6045349		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		24		25	
Zip		Country		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HOLLOWAY, ALEX N. 421 TROPIC CIRCLE 05105 Sydney Road FRUITLAND PARK FL 34731				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Alex N. Holloway Alex N. Holloway 2-7-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS / CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PDM	<input type="checkbox"/> DELETE		11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOLLOWAY, ALEX N.			12 NAME			
STREET ADDRESS	421 TROPIC CIRCLE			13 STREET ADDRESS	05105 Sydney Road		
CITY-ST-ZIP	FRUITLAND PARK FL 34731			14 CITY-ST-ZIP	FRUITLAND PARK FL 34731		
TITLE	VTSD	<input type="checkbox"/> DELETE		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOLLOWAY, W.A.			22 NAME			
STREET ADDRESS	2308 VINE STREET			23 STREET ADDRESS			
CITY-ST-ZIP	LEESBURG FL 34748			24 CITY-ST-ZIP			
TITLE	CD	<input type="checkbox"/> DELETE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FORMAN, WILLIAM M			32 NAME			
STREET ADDRESS	35338 LAKE UNITY RD			33 STREET ADDRESS			
CITY-ST-ZIP	FRUITLAND PK FL 34731			34 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				42 NAME			
STREET ADDRESS				43 STREET ADDRESS			
CITY-ST-ZIP				44 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Alex N. Holloway 2-7-96 352-787-6392
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)