


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2004 08:00 AM
Secretary of State

DOCUMENT # 739729	
1. Entity Name LEESBURG CHRISTIAN CENTER, INC.	

Principal Place of Business 2508 WESTSIDE DRIVE LEESBURG, FL 34748	Mailing Address 2508 WESTSIDE DRIVE LEESBURG, FL 34748
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DO NOT WRITE IN THIS SPACE



01282004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-6045349	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HOLLOWAY, ALEX N. 05105 SYDNEY ROAD FRUITLAND PARK, FL 34731
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDM HOLLOWAY, ALEX N. 05105 SYDNEY ROAD FRUITLAND PARK, FL 34731
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTSD HOLLOWAY, W.A. 1530 SOUTH POINT DR LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD FORMAN, WILLIAM M 35338 LAKE UNITY RD FRUITLAND PK, FL 34731
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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02/04/04-80114-004 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **1-28-04 352-787-6392**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OR REGISTERED AGENT Date Daytime Phone #