


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 07, 2007 08:00 AM**  
**Secretary of State**

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



05072007 No Chg-NP	CR2E037 (4/06)
4. FEI Number 59-6045349	Applied For 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

**DO NOT WRITE  
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: *Alex Holloway* 9/4/2007  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by September 14, 2007**

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 RONNIE C. CLARK 2436 NORTH AVE LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U00000773544  
09/07/07-80003-003 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Alex Holloway* 9/4/07 352-787-6892  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #