


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. |  |
|------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

| | |
|--------------------------------------------------------------------------|--------------------------------------------------------------|
| Principal Place of Business 2508 WESTSIDE DRIVE LEESBURG, FL 34748 | Mailing Address 2508 WESTSIDE DRIVE LEESBURG, FL 34748 |
|--------------------------------------------------------------------------|--------------------------------------------------------------|

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 N. 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. <input type="checkbox"/> \$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 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

000000773544
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 N. Holloway* 9/4/07 352-787-6892
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #