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Mar 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **742242** **(1)**

1. Corporation Name
FIRST BAPTIST CHURCH OF LEESBURG, INC.

Principal Place of Business	Mailing Address
220 N. 13 ST. (34748) P O BOX 490957 LEESBURG FL 34749	220 N. 13 ST. (34748) P O BOX 490957 LEESBURG FL 34749-0957

3. Date Incorporated or Qualified: **03/29/1978**
3a. Date of Last Report: **04/03/1996**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **59-0637837** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BLANCHARD, JUDY
220 NORTH 13TH ST.
LEESBURG FL 34748

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	Tr	☑ Change ☐ Addition
NAME	JONES, AL		1.2 NAME	Jones, Al	
STREET ADDRESS	503 GIBSON ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL		1.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WALKER, JAMES M.		2.2 NAME		
STREET ADDRESS	1009 COTTONWOOD		2.3 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG, FL 00000		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BAKER, PEGGY A		3.2 NAME		
STREET ADDRESS	220 N 13TH ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG, FL 0		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	P/Tr	☑ Change ☐ Addition
NAME	MCLEOD, JOHN		4.2 NAME	McLeod, John	
STREET ADDRESS	32124 KINNE PEARCE RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL		4.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	5.1 TITLE	Tr	☐ Change ☑ Addition
NAME	SAFFORD, JAMES T.		5.2 NAME	Jones, Randy	
STREET ADDRESS	05509 E. HARBOR DR.		5.3 STREET ADDRESS	2336 W. Main St.	
CITY-ST-ZIP	FRUITLAND PARK FL		5.4 CITY-ST-ZIP	Leesburg, FL 34748	
TITLE	P	☑ DELETE	6.1 TITLE	Assistant Secretary	☐ Change ☑ Addition
NAME	HOBBS, EDWARD I		6.2 NAME	Blanchard, Judy	
STREET ADDRESS	140 PALO VERDE DR		6.3 STREET ADDRESS	220 N. 13th St.	
CITY-ST-ZIP	LEESBURG FL		6.4 CITY-ST-ZIP	Leesburg, FL 34748	

CR2E037 (9/96)

14. I do 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 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: [illegible] REQUIRED 2/20/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0070245