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FILED

Mar 11 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 760982 (9)

1. Corporation Name

FIRST BAPTIST CHURCH OF LEESBURG FOUNDATION, INC



Principal Place of Business

Mailing Address

220 N. 13TH STREET
LEESBURG FL 32748-4962220 N. 13TH STREET
LEESBURG FL 34748-49623. Date Incorporated or Qualified
12/09/19813a. Date of Last Report
04/03/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

59-2209184

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CUMMINS, NORMAN C.
1009 N. 14TH STREET
LEESBURG FL 32748

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

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 P
NAME HOBBS, EDWARD I
STREET ADDRESS 140 PALO VERDE DR
CITY-ST-ZIP LEESBURG FL☒ DELETETITLE S
NAME BAKER, PEGGY
STREET ADDRESS 2341 CONESTOGA DRIVE
CITY-ST-ZIP LEESBURG FL 34748☐ DELETETITLE T
NAME WALKER, JIMMY
STREET ADDRESS 1009 COTTONWOOD
CITY-ST-ZIP LEESBURG FL 34748☐ DELETETITLE D
NAME SAFFORD, JIM
STREET ADDRESS 5215 BANANA POINT
CITY-ST-ZIP OKAHUMPKA FL 34762☒ DELETETITLE D
NAME MCLEOD, JOHN D
STREET ADDRESS 32124 KINNE PEARCE RD.
CITY-ST-ZIP LEESBURG FL 34788☐ DELETETITLE D
NAME JONES, AL
STREET ADDRESS 503 GIBSTON STREET
CITY-ST-ZIP LEESBURG FL 34748☐ DELETE1.1 TITLE Trustee
1.2 NAME RANDY JONES
1.3 STREET ADDRESS 2336 W MAIN
1.4 CITY-ST-ZIP Leesburg, FL 34748☐ Change ☒ Addition2.1 TITLE Assistant Secretary
2.2 NAME Judy Blanchard
2.3 STREET ADDRESS 33045 Lake Bend Circle
2.4 CITY-ST-ZIP Leesburg, FL 34788☐ Change ☒ Addition3.1 TITLE S
3.2 NAME Baker, Peggy
3.3 STREET ADDRESS 3 Lake Griffin Dr.
3.4 CITY-ST-ZIP Fruitland Park, FL 34731☒ Change ☐ Addition4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP☐ Change ☐ Addition5.1 TITLE President/Trustee
5.2 NAME McLeod, John D.
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP☒ Change ☐ Addition6.1 TITLE Trustee
6.2 NAME Jones, Al
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP☒ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/97

Date

Daytime Phone # 0070129

CR2E037 (9/96)