


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90042 043 \*\*\*\*61.25

<b>DOCUMENT # 760982</b> 1. Entity Name <b>FIRST BAPTIST CHURCH OF LEESBURG FOUNDATION, INC</b>					
Principal Place of Business <b>220 N. 13TH STREET LEESBURG, FL 32748-4962</b>			Mailing Address <b>220 N. 13TH STREET LEESBURG, FL 32748-4962</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-2209184</b>	
5. Certificate of Status Desired <input type="checkbox"/>				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  <b>BLANCHARD, JUDY 33045 LAKE BEND CIR LEESBURG, FL 32788</b>			7. Name and Address of New Registered Agent Name <b>Blanchard, Judy</b> Street Address (P.O. Box Number is Not Acceptable) <b>2010 OTTERS POND RD.</b> City <b>FRUITLAND PARK</b> FL Zip Code <b>34731</b>		
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 <u><i>Judy Blanchard</i></u> <span style="float: right;">4/8/04</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retreating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CUMMINS, NORMAN 16400 LAKE SHORE FR CLERMONT, FL 34711	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AYRIS, ARTHUR 4420 Bay Forest Lane FRUITLAND PARK, FL 34731
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAKER, PEGGY 2341 CONESTOGA DRIVE LEESBURG, FL 34748	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WALKER, JAMES 1009 COTTONWOOD LEESBURG, FL 34748	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WALKER, JAMES 5634 AUSTIN ST. LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BLANCHARD, JUDY 33045 LAKE BEND CIRCLE LEESBURG, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Judy Blanchard 2010 Otters Pond Rd. FRUITLAND PK, FL 34731
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOBBY, KENNETH 41317 SILVER DR. UMATILLA, FL 32784	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Judy Blanchard</i></u> <span style="float: right;">4/8/04 352-787-1005</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					