

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000002321

**FILED**  
**Feb 24, 2011**  
**Secretary of State**

**Entity Name:** LEONIA BAPTIST CHURCH, INC.

**Current Principal Place of Business:**

1124 GILLMAN ROAD  
WESTVILLE, FL 32464

**New Principal Place of Business:**

**Current Mailing Address:**

1124 GILLMAN ROAD  
WESTVILLE, FL 32464

**New Mailing Address:**

**FEI Number:** 59-3494067

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WOOD, SANDI L  
585 WOODYARD ROAD  
DEFUNIAK SPRINGS,, FL 32435 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** T  
**Name:** STANLEY, PERRY  
**Address:** 1182 HWY 2  
**City-St-Zip:** WESTVILLE, FL 32464

**Title:** T  
**Name:** STAFFORD, JIMMY  
**Address:** 1620 HOLMES RD.  
**City-St-Zip:** WESTVILLE, FL 32464

**Title:** T  
**Name:** HOWELL, RICKY  
**Address:** 1482 HWY 185  
**City-St-Zip:** WESTVILLE, FL 32464

**Title:** T  
**Name:** WATSON, WILLIAM  
**Address:** 1629 CO HWY 181-C  
**City-St-Zip:** PONCE DE LEON, FL 32455

**Title:** S/T  
**Name:** HOLIDAY, LEVEDA  
**Address:** 1048 BRAKE ROAD  
**City-St-Zip:** PONCE DE LEON, FL 32455

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** LEVEDA HOLIDAY

CLER

02/24/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date