

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008098

FILED  
Apr 10, 2007  
Secretary of State

Entity Name: LELAND FAMILY MINISTRIES, INC.

**Current Principal Place of Business:**

550 E. DAVIDSON STREET  
BARTOW, FL 33830

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 126  
EASTON PARK, FL 33840

**New Mailing Address:**

FEI Number: 59-3691776

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COMBEE, ELIZABETH  
550 E DAVIDSON STREET  
BARTOW, FL 33830 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: PD ( ) Delete  
Name: COMBEE, ELIZABETH A  
Address: 2032 PARKER RD  
City-St-Zip: LAKELAND, FL 33811

Title: SD ( ) Delete  
Name: FRANKLIN, BRITT  
Address: 4200 CRAIG RD  
City-St-Zip: AUBURNDALE, FL 33823

Title: T ( ) Delete  
Name: PAULK, GINGER  
Address: 1435 EAGLE AVENUE E  
City-St-Zip: EAGLE LAKE, FL 33839

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: MORA, CINDY  
Address: 1995 LAKE BUFFUM ROAD EAST  
City-St-Zip: FORT MEADE, FL 33841

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ELIZABETH COMBEE

P

04/10/2007

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

\_\_\_\_\_  
Date