

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

DOCUMENT# N00000008098

**FILED**  
**Jan 10, 2011**  
**Secretary of State**

**Entity Name:** LELAND FAMILY MINISTRIES, INC.

**Current Principal Place of Business:**

1715 HIGHWAY 17 S.  
BARTOW, FL 33830

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 123  
BARTOW, FL 33831

**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 A  
8621 OAKWOOD DRIVE  
LAKELAND, FL 33810 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  
**Name:** COMBEE, ELIZABETH A  
**Address:** 8621 OAKWOOD DR  
**City-St-Zip:** LAKELAND, FL 33810

**Title:** SD  
**Name:** KELLON, GLORIA  
**Address:** 6308 SWEETWATER DR. EAST  
**City-St-Zip:** LAKELAND, FL 33811

**Title:** TD  
**Name:** GREGG, PAUL  
**Address:** 225 GIBSON ST  
**City-St-Zip:** MULBERRY, FL 33860

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:** ELIZABETH A COMBEE

PD

01/10/2011

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

\_\_\_\_\_  
Date