

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N01407** (8)

1. Corporation Name

**GOSPEL TABERNACLE OF LEESBURG, INC.**



Principal Place of Business

**1335 NORTH SHORE DRIVE  
LEESBURG FL 34748**

Mailing Address

**1335 NORTH SHORE DRIVE  
LEESBURG FL 34748**

3. Date Incorporated or Qualified  
**02/13/1984**

3a. Date of Last Report  
**04/06/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WALKER, BOB W JR  
S.E. 155TH ST.  
UMATILLA FL 32784**

81 Name

**Kevin E. Ganus**

82 Street Address (P.O. Box Number is Not Acceptable)

**803 Hickory Ave.**

83

**Fruitland Park, FL 34731**

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

TITLE **D** ☒ DELETE  
NAME **FRANKLIN, DUANE**  
STREET ADDRESS **2000 SOUTH ST.**  
CITY-ST-ZIP **LEESBURG FL 34748**

TITLE **D** ☒ DELETE  
NAME **OLIVER, MARVIN**  
STREET ADDRESS **01435 LAKE ELLA ROAD**  
CITY-ST-ZIP **FRUITLAND PARK FL 34731**

TITLE **D** ☐ DELETE  
NAME **Treasurer**  
NAME **PERRY, RALPH**  
STREET ADDRESS **1416 MARIVA AVE**  
CITY-ST-ZIP **LEESBURG FL 34748**

TITLE **D** ☒ DELETE  
NAME **FRANKLIN, JAMES S REV**  
STREET ADDRESS **1303 N. SHORE DR.**  
CITY-ST-ZIP **LEESBURG FL 34748**

TITLE **D** ☐ DELETE  
NAME **Vice-President**  
NAME **Walden Purdy**  
STREET ADDRESS **1016 Linda Lane**  
CITY-ST-ZIP **Lady Lake, FL 32159**

TITLE **D** ☐ DELETE  
NAME **Secretary**  
NAME **Bret Dawson**  
STREET ADDRESS **1103 Pine Ridge Dairy Road**  
CITY-ST-ZIP **Fruitland Park, FL 34731**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

1/17/96

352-787-6833

CR2E037 (12/95)