

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

02/13/1984

3a. Date of Last Report

03/18/1996

4. FEI Number

59-2394087

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GANUS, KEVIN E
803 HICKORY AVE
FRUITLAND PARK FL 34731

81 Name

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

83

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

Kevin E. Ganus - President Kevin E. Ganus

1/6/97

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	DT	<input checked="" type="checkbox"/> DELETE
NAME	PERRY, RALPH	
STREET ADDRESS	1416 MARIVA AVE	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	WALDEN, PURDY	
STREET ADDRESS	1016 LINDA LANE	
CITY-ST-ZIP	LADY LAKE FL 32159	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	DAWSON, BRET	
STREET ADDRESS	1103 PINE RIDGE DAIRY ROAD	
CITY-ST-ZIP	FRUITLAND PARK FL 34731	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President - D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kevin E. Ganus	
1.3 STREET ADDRESS	803 Hickory Av.	
1.4 CITY-ST-ZIP	Fruitland Park, FL 34731	
2.1 TITLE	Treasurer - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Gerald R. Pressley	
2.3 STREET ADDRESS	2911 Ash Dr. #2-B	
2.4 CITY-ST-ZIP	Leesburg, FL 34748	
3.1 TITLE	Vice President - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Ralph Beasley	
3.3 STREET ADDRESS	445 College Av.	
3.4 CITY-ST-ZIP	Fruitland Park, FL 34731	
4.1 TITLE	Secretary - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Bobby E. Stephens, Jr.	
4.3 STREET ADDRESS	10400 Goshfield Dr.	
4.4 CITY-ST-ZIP	Leesburg FL 34788	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Kevin E. Ganus 1/6/97 (352) 787-6833

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0078885

CR2E037 (9/96)