

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 # N02365

(7)

1. Corporation Name

**THE LEESBURG DISTRICT BOARD OF MISSIONS AND CHURCH
CH EXTENSION OF THE UNITED METHODIST CHURCH, INC**



Principal Place of Business

Mailing Address

**901 W MAIN STR
LEESBURG FL 34748
US**

**1330 W. CITIZENS BLVD., STE. 701
C/O STEPHEN PULLUM PO BOX 492160
LEESBURG FL 34749-2160
US**

3. Date Incorporated or Qualified

04/04/1984

3a. Date of Last Report

03/31/1995

4. FEI Number

59-2307314

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

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

**PULLUM, STEPHEN
1330 W. CITIZENS BLVD., STE. 701
LEESBURG FL 34748**

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

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **ZIPPERER, DOUGLAS H**
STREET ADDRESS **901 W MAIN STR**
CITY-ST-ZIP **LEESBURG FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **WAGNER, CLARON D.**
STREET ADDRESS **901 W. MAIN STR**
CITY-ST-ZIP **LEESBURG FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE
NAME **KOKX, DOUGLAS S**
STREET ADDRESS **901 W MAIN STR**
CITY-ST-ZIP **LEESBURG FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **STAFFORD, DAVID**
STREET ADDRESS **901 W MAIN STR**
CITY-ST-ZIP **LEESBURG FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **DAS** ☐ DELETE
NAME **PULLUM, J. STEPHEN**
STREET ADDRESS **1330 W. CITIZENS BLVD**
CITY-ST-ZIP **LEESBURG FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **FEW, JOHN**
STREET ADDRESS **901 MAIN STR**
CITY-ST-ZIP **LEESBURG FL**

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:

Douglas H Zipperer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Douglas H. Zipperer

4-1-96 (352) 796-3363
Date Daytime Phone #

CR2E037 (12/95)