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Feb 28 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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
US1330 W. CITIZENS BLVD., STE. 701
C/O STEPHEN PULLUM PO BOX 492160
LEESBURG FL 34748-3945
US3. Date Incorporated or Qualified
04/04/19843a. Date of Last Report
04/16/1996

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

4. FEI Number
59-2307314Applied For
Not Applicable5. 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

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 FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE VD ☐ DELETE
NAME WAGNER, CLARON D.
STREET ADDRESS 901 W. MAIN STR
CITY-ST-ZIP LEESBURG FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE SD ☐ DELETE
NAME KOKX, DOUGLAS S
STREET ADDRESS 901 W MAIN STR
CITY-ST-ZIP LEESBURG FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME STAFFORD, DAVID
STREET ADDRESS 901 W MAIN STR
CITY-ST-ZIP LEESBURG FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE DAS ☐ DELETE
NAME PULLUM, J. STEPHEN
STREET ADDRESS 1330 W. CITIZENS BLVD
CITY-ST-ZIP LEESBURG FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE D ☒ DELETE
NAME FEW, JOHN
STREET ADDRESS 901 MAIN STR
CITY-ST-ZIP LEESBURG FL6.1 TITLE ☒ Change ☐ Addition
6.2 NAME Bordin, Richard
6.3 STREET ADDRESS 950 7th St.
6.4 CITY-ST-ZIP Clemont, FL

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:

Richard F. Bordin

2/14/97

352/787-1643

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0070180

CR2E037 (9/96)