

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jun 01, 1999 8:00 am  
Secretary of State

06-01-1999 90036 034 \*\*\*\*61.25

DOCUMENT # N02365

1. Corporation Name

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

Principal Place of Business

901 W MAIN STR  
LEESBURG FL 34748  
US

Mailing Address

C/O J. STEPHEN PULLUM  
1330 W CITIZENS BLVD STE 701  
LEESBURG FL 34748  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

04/04/1984

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE D ☐ DELETE

NAME ZIPPERER, DOUGLAS H

STREET ADDRESS 901 W MAIN STR

CITY-ST-ZIP LEESBURG FL

TITLE VD ☐ DELETE

NAME WAGNER, CLARON D.

STREET ADDRESS 901 W. MAIN STR

CITY-ST-ZIP LEESBURG FL

TITLE SD ☐ DELETE

NAME KOKX, DOUGLAS S

STREET ADDRESS 901 W MAIN STR

CITY-ST-ZIP LEESBURG FL

TITLE D ☒ DELETE

NAME STAFFORD, DAVID

STREET ADDRESS 901 W MAIN STR

CITY-ST-ZIP LEESBURG FL

TITLE DAS ☐ DELETE

NAME PULLUM, J. STEPHEN

STREET ADDRESS 1330 W. CITIZENS BLVD

CITY-ST-ZIP LEESBURG FL

TITLE D ☐ DELETE

NAME BORDIN, RICHARD

STREET ADDRESS 950 7 ST

CITY-ST-ZIP CLERMONT FL

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 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, with all other like empowered.

SIGNATURE:

Rev. Walter D. Edwards District Superintendent 5/25/99  
352-787-1643

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

0073569