2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02365



FILED
Aug 13, 2004 8:00 am
Secretary of State

1. Entity Name THE LEESBURG DISTRICT BOARD OF MISSIONS AND CHURCH EXTENSION OF THE UNITED METHODIST CHURCH, INC						08-13-2004 90069 0	14 ****	51.25
103 NORTH LEE STREET 103		Mailing Address 103 NORTH LEE STREE LEESBURG, FL 34748	et US				,	
Principal Place of Business 3. Mailing Address								
Suite, Apt. #, etc. St			Suite, Apt. #, etc.	Suite, Apt. #, etc.		hg-NP CR2E037	(10/03)	
City & State		City & State	City & State		4. FEI Number 59-2307314		plied For t Applicable	
Zip	Zip Country Z		Zip	Country	5. Certificate of S	tatus Desired	8.75 Add ee Required	
	6. Name and	Address of Current Re	gistered Agent		7. Name and Add	iress of New Registered Ac	gent	
-PilitinM-9	STEPHEN			Name				
PULLUM, STEPHEN 1330 W. CITIZENS BLVD., STE. 701 LEESBURG, FL 34748 Street Add Street Add				Street Addres	s (P.O. Box Number is	Not Acceptable)		
					<u> </u>			
	_			City		FL	Zip Code	9
	named entity sub ions of registered		he purpose of changing its	registered office or regis	stered agent, or both, in	the State of Florida. I am fa	miliar with,	and accept
SIGNATURE .		ated name of registered agent and	I title if applicable. (NOTE	: Registered Agent signature requ	aired when reinstating)	DATE	_	
Filing Fee Is \$61.25 Due by September 8, 2004 9. Election Campaign Trust Fund Contribu					\$5.00 May Be Added to Fees	Make check Florida Departr		
10.	-	OFFICERS AND DIRE	CTORS	11.	ADDITIONS (CHANG	ES TO OFFICERS AND DIRE	CTORS IN	10
					ADDITIONS/CHANG			
TALE	D		Delete	TITLE	ADDITIONS/CHANG		Change	☐ Addition
NAME	EDWARDS, S			NAME	ADDITIONS/CHANG			
NAME STREET ADDRESS	EDWARDS, S 470 SW 63RD	ST. RD.		NAME STREET ADDRESS	Abbitions/chanc			
NAME STREET ADDRESS City-St-Zip	EDWARDS, S 470 SW 63RD OCALA, FL 3	ST. RD.	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANG		Change	Addition
NAME STREET ADDRESS CHY-ST-ZIP	EDWARDS, S 470 SW 63RD OCALA, FL 3 DS	ST. RD.		NAME STREET ADDRESS CITY-ST-ZIP TITLE	ADDITIONS/C/TANG			
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indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

352-787-1643