

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000000804

**FILED**  
**Mar 01, 2011**  
**Secretary of State**

**Entity Name:** GREATER LEESBURG MINISTERIAL ALLIANCE INC.

**Current Principal Place of Business:**

1010 COUNTY ROAD 468  
LEESBURG, FL 34748

**New Principal Place of Business:**

**Current Mailing Address:**

929 COUNTY ROAD 468  
LEESBURG, FL 34748

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CHRISTIAN, JOHN H PASTOR  
929 COUNTY ROAD 468  
LEESBURG, FL 34748 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SMITH, LONNIE PASTOR  
Address: 1010 COUNTY ROAD 468  
City-St-Zip: LEESBURG, FL 34748

Title: T  
Name: WIGGINS, JOE PASTOR  
Address: 1010 COUNTY ROAD 468  
City-St-Zip: LEESBURG, FL 34748

Title: S  
Name: PORTER, ARNOLD PASTOR  
Address: 1010 COUNTY ROAD 468  
City-St-Zip: LEESBURG, FL 34748

Title: D  
Name: CHRISTIAN, JOHN H  
Address: 903 COUNTY ROAD 468  
City-St-Zip: LEESBURG, FL 34748

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LONNIE SMITH

PD

03/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date