

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90401 012 ****61.25

DOCUMENT # N10666

1. Entity Name

LEONARD STREET CHURCH OF GOD INC.

Principal Place of Business

**835 LEONARD STREET
 BROOKSVILLE FL 34601**

Mailing Address

**835 LEONARD STREET
 BROOKSVILLE FL 34601**

UUU5444U



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

~~59-2640204~~
59-3706836

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DELAINE, LORAINÉ
 297 C STREET
 BROOKSVILLE FL 34601**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

T Delete
ROBINSON, MAGGIE
45 RAIL ROAD ST
BROOKSVILLE FL 34601

S Delete
BLOUNT, DARLENE
27178 AUBREY AVE
BROOKSVILLE FL

D Delete
BLOUNT, ELMIRA
17230 WISCON RD
BROOKSVILLE FL

CD Delete
DELAINE, LORAINÉ
297 C STREET
BROOKSVILLE FL

D Delete
DELAINE, ETHEL
17007 WISCON RD
BROOKSVILLE FL

Delete
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

Change Addition
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
Syvette D. Yore
362 Portland Ave
Springhill, FL 34606

Change Addition
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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: *Syvette D. Yore*

2 May 01

799-6625

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)