

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Oct 01, 2002 8:00 am**  
**Secretary of State**

08-20-2002 90124 023 \*\*\*\*61.25

**DOCUMENT # N10666**

1. Entity Name

**LEONARD STREET CHURCH OF GOD INC.**

Principal Place of Business <b>835 LEONARD STREET BROOKSVILLE FL 34601</b>	Mailing Address <b>835 LEONARD STREET BROOKSVILLE FL 34601</b>
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**43314**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-3706836</b>	Applied For <input type="checkbox"/> Not Applicable
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DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

After September 13, 2002, min. will be \$236.25.	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME	<b>Trustee</b> <b>ROBINSON, MAGGIE</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>45 RAIL ROAD ST</b>	
CITY-ST-ZIP	<b>BROOKSVILLE FL 34601</b>	
TITLE NAME	<b>S</b> <b>YORE, YVETTE D</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>382 PORTLAND AVENUE</b>	
CITY-ST-ZIP	<b>SPRING HILL FL 34606</b>	
TITLE NAME	<b>Director</b> <b>BLOUNT, ELMIRA</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>17230 WISCON RD</b>	
CITY-ST-ZIP	<b>BROOKSVILLE FL</b>	
TITLE NAME	<b>CD Chairman/Director</b> <b>DELAINE, LORAINÉ</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>297 C STREET</b>	
CITY-ST-ZIP	<b>BROOKSVILLE FL</b>	
TITLE NAME	<b>Director</b> <b>DELAINE, ETHEL</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>17007 WISCON RD</b>	
CITY-ST-ZIP	<b>BROOKSVILLE FL</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	<b>MANER Diane Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>2006 Peyton Place</b>	
CITY-ST-ZIP	<b>Brooksville FL, 34601</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (4/02)

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: **SPURDIN, RICHARD**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**08/05/02** **352-799-3003**  
Date Daytime Phone #