

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

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



03112005 No Chg-NP CR2E037 (10/03)

4. FEI Number: 59-3706836 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

PLEASE WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 DELAINE, LORAINÉ
 297 C. STREET
 BROOKSVILLE, FL 34601

PLEASE WRITE IN THIS SPACE

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when rechartering.

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	T
NAME	ROBINSON, MAGGIE
STREET ADDRESS	45 RAIL ROAD ST
CITY - ST - ZIP	BROOKSVILLE, FL 34601
TITLE	S
NAME	FAGIN, MAMIE L
STREET ADDRESS	5063 ORLANDO AVE
CITY - ST - ZIP	BROOKSVILLE, FL 34604
TITLE	D
NAME	BLOUNT, ELMIRA
STREET ADDRESS	17230 WISCON RD
CITY - ST - ZIP	BROOKSVILLE, FL
TITLE	CD
NAME	DELAINE, LORAINÉ
STREET ADDRESS	297 C STREET
CITY - ST - ZIP	BROOKSVILLE, FL
TITLE	D
NAME	DELAINE, ETHEL
STREET ADDRESS	17007 WISCON RD
CITY - ST - ZIP	BROOKSVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U0000033/443
 04/27/05-BU167-013 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: *Lorraine Delaine* Date: 4/24/05 Daytime Phone #: 352-796-4458
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR