


**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      Mailing Address  
**835 LEONARD STREET**      **835 LEONARD STREET**  
**BROOKSVILLE, FL 34601**      **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, LORAINE**  
**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 \_\_\_\_\_      (NOTE: Registered Agent signature required when rechartering)      DATE \_\_\_\_\_

**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 NAME STREET ADDRESS CITY - ST - ZIP	T ROBINSON, MAGGIE 45 RAIL ROAD ST BROOKSVILLE, FL 34601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FAGIN, MAMIE L 5063 ORLANDO AVE BROOKSVILLE, FL 34604
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BLOUNT, ELMIRA 17230 WISCON RD BROOKSVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD DELAINE, LORAINE 297 C STREET BROOKSVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DELAINE, ETHEL 17007 WISCON RD 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      4/24/05      352-796-4458  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #