

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 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



01222006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3706836 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
 Fee Required

8. Name and Address of Current Registered Agent

DELAINE, LORAINE
297 C.STREET
BROOKSVILLE, FL 34601

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

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, LORAINE
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	

000000427775
 02/21/06-80021-013 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Maggie Robinson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-06
 DATE

Daytime Phone #