# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Aug 30, 2007 8:00 am**
**Secretary of State**
08-30-2007 90002 011 ****70.00

DOCUMENT # N10666

1. Entity Name
LEONARD STREET CHURCH OF GOD INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 835 LEONARD STREET<br>BROOKSVILLE, FL 34601 | 835 LEONARD STREET<br>BROOKSVILLE, FL 34601 |

07132007 Chg-NP CR2E037 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-3706836 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| DELAINE, LORAINE<br>297 C.STREET<br>BROOKSVILLE, FL 34601 | Name Mamie Fagin<br>Street Address (P.O. Box Number is Not Acceptable) 5063 Orlando Ave<br>Brooksville, FL 34604<br>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 Mamie Fagin 27 Aug 07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

**Filing Fee is $61.25**
**Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | T<br>ROBINSON, MAGGIE<br>45 RAIL ROAD ST<br>BROOKSVILLE, FL 34601 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY ST ZIP | S<br>Fagin, Sandra L.<br>22030 Ayers Road<br>Brooksville, FL 34604 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | S<br>FAGIN, MAMIE L<br>5063 ORLANDO AVE<br>BROOKSVILLE, FL 34604 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY ST ZIP | CD<br>Fagin, Mamie L.<br>5063 Orlando Ave<br>Brooksville, FL 34604 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | D<br>BLOUNT, ELMIRA<br>17230 WISCON RD<br>BROOKSVILLE, FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | CD<br>DELAINE, LORAINE<br>297 C STREET<br>BROOKSVILLE, FL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | D<br>DELAINE, ETHEL<br>17007 WISCON RD<br>BROOKSVILLE, FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | ☐ Change ☐ Addition |

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:** Sandra L. Fagin 27 Aug 07 (813) 828-0844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #