


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 08:00 AM
Secretary of State

DOCUMENT # N10666 1. Entity Name LEONARD STREET CHURCH OF GOD INC.	
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Principal Place of Business 835 LEONARD STREET BROOKSVILLE, FL 34601	Mailing Address 835 LEONARD STREET BROOKSVILLE, FL 34601
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01152008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3706836	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FAGIN, MAMIE
5063 ORLANDO AVE
BROOKSVILLE, FL 34604

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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 *Mamie Fagin* DATE 2/27/08

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, 2008

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

U00000858023
 04/01/08-80028-011 61.25

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	CD 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 FAGIN, SANDRA L 22030 AYERS ROAD BROOKSVILLE, FL 34604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELAINE, ETHEL 17007 WISCON RD BROOKSVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Sandra L. Fagin* DATE 2/27/08 DAYTIME PHONE # (813) 610-1480

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #