

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10666

FILED  
Jul 23, 2009  
Secretary of State

**Entity Name:** LEONARD STREET CHURCH OF GOD INC.

**Current Principal Place of Business:**

835 LEONARD STREET  
BROOKSVILLE, FL 34601

**New Principal Place of Business:**

**Current Mailing Address:**

835 LEONARD STREET  
BROOKSVILLE, FL 34601

**New Mailing Address:**

**FEI Number:** 59-3706836      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

FAGIN, MAMIE  
5063 ORLANDO AVE  
BROOKSVILLE, FL 34604      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: T      ( ) Delete  
Name: ROBINSON, MAGGIE  
Address: 45 RAIL ROAD ST  
City-St-Zip: BROOKSVILLE, FL 34601

Title: CD      ( ) Delete  
Name: FAGIN, MAMIE L  
Address: 5063 ORLANDO AVE  
City-St-Zip: BROOKSVILLE, FL 34604

Title: D      ( ) Delete  
Name: BLOUNT, ELMIRA  
Address: 17230 WISCON RD  
City-St-Zip: BROOKSVILLE, FL

Title: CD      ( ) Delete  
Name: FAGIN, SANDRA L  
Address: 22030 AYERS ROAD  
City-St-Zip: BROOKSVILLE, FL 34604

Title: D      ( ) Delete  
Name: DELAINE, ETHEL  
Address: 17007 WISCON RD  
City-St-Zip: BROOKSVILLE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRA L. FAGIN

CD

07/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date