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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 13 1997 8:00am**  
**Secretary of State**

**DOCUMENT # N17229 (8)**

1. Corporation Name

**MAIN STREET BAPTIST CHURCH OF LEESBURG, INC.**

Principal Place of Business

Mailing Address

**1414 W. MAIN ST.  
LEESBURG FL 34748  
US**

**1414 W. MAIN ST.  
LEESBURG FL 34748-4855**



3. Date Incorporated or Qualified  
**10/09/1986**

3a. Date of Last Report  
**04/30/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHOOP JR, CHARLES E  
1905 HELMS AVE  
LEESBURG FL 34748**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **CHARLES E SHOOP, JR**

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

(NOTE: Registered Agent signature required when reinstating)

**4/30/97**

DATE

12. OFFICERS AND DIRECTORS

TITLE **CD** ☐ DELETE  
NAME **SHOOP JR, CHARLES E**  
STREET ADDRESS **1905 HELMS AVE**  
CITY-ST-ZIP **LEESBURG FL**

TITLE **D** ☐ DELETE  
NAME **BRASHER, JERRELL**  
STREET ADDRESS **04220 HARRY DR**  
CITY-ST-ZIP **FRIUTLAND PARK FL**

TITLE **D** ☒ DELETE  
NAME **GILBERT, JOEL**  
STREET ADDRESS **1201 PENN STREET**  
CITY-ST-ZIP **LEESBURG FL**

TITLE **ST** ☐ DELETE  
NAME **GILBERT, ANNA M**  
STREET ADDRESS **1201 PENN STREET**  
CITY-ST-ZIP **LEESBURG FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME **D JAMES BERGMANN**  
3.3 STREET ADDRESS **211 S. GLENN STREET**  
3.4 CITY-ST-ZIP **LEESBURG, FL 34748**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **CHARLES E SHOOP JR**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/97**

Date

Daytime Phone # **0070175**

CR2E037 (9/96)