

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90135 009 \*\*\*\*61.25

**DOCUMENT # N17229**

1. Entity Name

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



Principal Place of Business

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

Mailing Address

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

**70012392**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1350542**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**IRVING, DON  
1503 WOODLYN DR.  
LEESBURG FL 34748**

Name

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-14-03**

**FILE NOW: FEE IS \$61.25**

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	Change	Addition
	<b>D</b>	<b>BRADFORD, EVERETT</b>	<b>309 N 15TH ST. LEESBURG FL 34748</b>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>D</b>	<b>PADGETT, ROBERT</b>	<b>05431 MAGNOLIA RIDGE LEESBURG FL 34748</b>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>CD</b>	<b>IRVING, DON</b>	<b>1503 WOODLYN DR. LEESBURG FL 34748</b>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I 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 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: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-14-03**

**55-787-1780**

CR2E037 (10/02)