

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90004 013 ****61.25

DOCUMENT # N17255	
1. Entity Name WHITNEY BAPTIST CHURCH OF LEESBURG, INC.	

Principal Place of Business 32630 N. WHITNEY ROAD LEESBURG, FL 34748	Mailing Address 32630 N. WHITNEY ROAD LEESBURG, FL 34748
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02062004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent	
ALISI, JOHN L 4630 ALIBRANDI RD. LEESBURG, FL 34748	

7. Name and Address of New Registered Agent	
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDP ALISI, JOHN L. 221 ALIGRANDI ROAD LEESBURG, FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD WALKER, PERCY A. 715 P.A. WALKER ROAD LEESBURG, FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TESTON, FRANK E. 15201 SE 180TH STREET WEIRSDALE, FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORD, RANDY L 702 OLIVE AVENUE FRUITLAND PARK, FL 34731 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REED, JEANNE 1513 WOODLYN AVE. LEESBURG, FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 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: *John L. Alisi* **JOHN ALISI** 2/17/04 (352) 787-6749
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #