



2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N17255 1. Entity Name WHITNEY BAPTIST CHURCH OF LEESBURG, INC.						FILED 07 OCT 22 AM 10:23 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 32630 N. WHITNEY ROAD LEESBURG, FL 34748				Mailing Address 32630 N. WHITNEY ROAD LEESBURG, FL 34748			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		10212007 Chg-NP CR2E037 (12/06) 4. FEI Number 59-2468871 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
ALISI, JOHN L 221 ALIBRANDI RD. LEESBURG, FL 34748				Name RANDY FORD Street Address (P.O. Box Number is Not Acceptable) 702 Olive Ave City Fruitland Park FL Zip Code 34731			
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 <u><i>Randy Ford</i></u> DATE <u>10/21/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P CARUTHERS, CLARK 11808 CR 229 OXFORD, FL <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FORD, RANDY 702 Olive Ave Fruitland Park, FL 34731 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEGAGLIA, BRIAN 23155 OUTBACK LN EUSTIS, FL 32736 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRONEY, JOHN 802 CR 485 Lake Panasoffkee, FL 33538 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TESTON, FRANK E. 15201 SE 180TH STREET WEIRSDALE, FL <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EAKRIGHT, EDWARD 13 Orangewood Dr Fruitland Park, FL 34731 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORD, RANDY L 702 OLIVE AVENUE FRUITLAND PARK, FL 34731 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	000111494400 10/30/07--01031--016 **70.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REED, JEANNE 1513 WOODLYN AVE. LEESBURG, FL <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOSKING, PAT 194 Jacaranda Dr Leesburg, FL 34748 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODWARD, DAVID 4431 Nottaway Dr Leesburg FL 34748 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u><i>Brian DeGaglia VP</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>October 21, 2007</u> Daytime Phone # <u>(352)267-5723</u>			