2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State
01-20-2004 90085 031 ****61.25

DOCUMENT # N24152

1. Entity Name
LECANTO CHURCH OF CHRIST, INC.

Principal Place of Business	Mailing Address
797 ROWE TERRACE P.O. BOX 436 LECANTO, FL 34460 US	LECANTO CHURCH OF CHRIST P.O. BOX 436 LECANTO, FL 34460

01122004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2468027 ☐ Applied For ☐ Not Applicable

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
ROGERS, CURTIS 3060 RACOON CT INVERNESS, FL 84452	Name: H. Fred Maynard Street Address (P.O. Box Number is Not Acceptable): 730 N Maylen Ave. City: Lecanto FL Zip Code: 34461

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: H. Frederick Maynard H. Frederick Maynard, Treas. 1-12-04
Signature, Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating) DATE

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ALLEN, FRANK P 15 N. MAYLEN AVE. LECANTO, FL 34461	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MAYNARD, FRED PO BOX 2466 CRYSTAL RIVER, FL 34423	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE President/Director Harry F Maynard 730 N Maylen Ave Lecanto FL 34461	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD MCBRIDE, MARK 817 LANARK DR. INVERNESS, FL 34453	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary/Director Jim McKelvey 6072 W Holiday St Homosassa FL 34446	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROGERS, CURTIS 3060 RACCOON CT INVERNESS, FL 34452	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer/Director H. Frederick Maynard P O Box 2466 Crystal River FL 34423	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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: H. Frederick Maynard H. Frederick Maynard, Treas 01/12/4 352-746-1106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #