

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 18, 2008 08:00 A
Secretary of State

DOCUMENT # N24152

1. Entity Name
LECANTO CHURCH OF CHRIST, INC.



Principal Place of Business

797 ROWE TERRACE
P.O. BOX 436
LECANTO, FL 34460 US

Mailing Address

LECANTO CHURCH OF CHRIST
P.O. BOX 436
LECANTO, FL 34460



03082008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

MAYNARD, H. FRED
730 N MAYLEN AVE
LECANTO, FL 34461

**DO NOT WRITE
IN THIS SPACE**

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

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

U00000862982
04/03/08-80072-020 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ALLEN, FRANK P
STREET ADDRESS	15 N. MAYLEN AVE.
CITY-ST-ZIP	LECANTO, FL 34461
TITLE	VPD
NAME	MAYNARD, HARRY F
STREET ADDRESS	730 N MAYLEN AVE
CITY-ST-ZIP	LECANTO, FL 34461
TITLE	SD
NAME	MCKELVEY, JIM
STREET ADDRESS	6072 W HOLIDAY ST
CITY-ST-ZIP	HOMOSASSA, FL 34446
TITLE	TD
NAME	MAYNARD, H. FRED
STREET ADDRESS	P.O. BOX 2466
CITY-ST-ZIP	CRYSTAL RIVER, FL 34423
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

H. Fred Maynard H. Fred Maynard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TREAS

Date

3-9-8 352-746-1106
Daytime Phone #