

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24152

FILED  
Apr 08, 2009  
Secretary of State

Entity Name: LECANTO CHURCH OF CHRIST, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

797 ROWE TERRACE  
797 ROWE TERRACE  
LECANTO, FL 34461 US

## Current Mailing Address:

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

## New Mailing Address:

FEI Number: 59-2468027      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ALLEN, FRANK P  
Address: 15 N. MAYLEN AVE.  
City-St-Zip: LECANTO, FL 34461

Title: VPD ( ) Delete  
Name: MAYNARD, HARRY F  
Address: 730 N MAYLEN AVE  
City-St-Zip: LECANTO, FL 34461

Title: SD ( ) Delete  
Name: MCKELVEY, JIM  
Address: 6072 W HOLIDAY ST  
City-St-Zip: HOMOSASSA, FL 34446

Title: TD ( ) Delete  
Name: MAYNARD, H. FRED  
Address: P.O. BOX 2466  
City-St-Zip: CRYSTAL RIVER, FL 34423

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: H. FRED MAYNARD

TREA

04/08/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date