


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90012 037 ****61.25

DOCUMENT # N93000000749					
1. Entity Name CHRIST UNITED METHODIST CHURCH OF LEESBURG, INC.					
Principal Place of Business 1313 GRIFFIN ROAD LEESBURG, FL 34748			Mailing Address 1313 GRIFFIN ROAD LEESBURG, FL 34748		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1417570	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MEADOWS, SARAH 1313 GRIFFIN ROAD LEESBURG, FL 34748				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <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 D NAME HOLY, MIKE STREET ADDRESS 2272 LAKE POINTE CIRCLE CITY - ST - ZIP LEESBURG, FL 34788	<input checked="" type="checkbox"/> Delete		TITLE D NAME Mike Holt STREET ADDRESS 2272 Lake Pointe Circle CITY - ST - ZIP Leesburg, FL 34748	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME BRIDGES, DAVID STREET ADDRESS 01318 SPRINK LAKE RD CITY - ST - ZIP FRUITLAND PARK, FL 34731	<input checked="" type="checkbox"/> Delete		TITLE D NAME Tom Goetz STREET ADDRESS 111 Chestnut St. CITY - ST - ZIP Leesburg, FL 34748	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME TASKER, BILL STREET ADDRESS 4840 ST, ANDREWS ARC CITY - ST - ZIP LEESBURG, FL 34748	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME HOLT, JIMMIE STREET ADDRESS 2272 LAKE POINTE CIR CITY - ST - ZIP LEESBURG, FL 34748	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<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: _____			01-24-2008		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		