

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

04 JUL 20 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000001317

1. Entity Name
R. L. MCLEOD MINISTRIES INC.



Principal Place of Business
7825 NECTAR DRIVE
ORLANDO, FL 32819-8303

Mailing Address
7825 NECTAR DRIVE
ORLANDO, FL 32819-8303



06032004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3197387

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCLEOD, GEORGIA B
7825 NECTAR DRIVE
ORLANDO, FL 32819-8303

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

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10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GEORGIA B. MCLEOD,
STREET ADDRESS	7825 NECTAR
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	VP
NAME	REMOSSIVE SCURRY,
STREET ADDRESS	7819 NECTAR DRIVE
CITY-ST-ZIP	ORLANDO, FL 328198303
TITLE	TD
NAME	ALBERTA INGRAM,
STREET ADDRESS	301 CLARK STREET
CITY-ST-ZIP	EATONVILLE, FL 32751
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 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: Georgia B. McLeod
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-8-04 345-0713 (1402)
Date Daytime Phone #