

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 06, 2007 8:00 am
Secretary of State

09-06-2007 90012 020 ****61.25

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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

2. Principal Place of Business - No P.O. Box #

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

Name

Same

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By September 5, 2007

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

TITLE PD
NAME MCLEOD, GEORGIA B ☐ Delete
STREET ADDRESS 7825 NECTAR
CITY-ST-ZIP ORLANDO FL 32819-8303

TITLE VPSD
NAME SCURRY, REMOSSIVE ☐ Delete
STREET ADDRESS 7819 NECTAR DRIVE
CITY-ST-ZIP ORLANDO FL 32819-8303

TITLE 2V
NAME BROWN, ELAINE A ☐ Delete
STREET ADDRESS 4522 SNAPPINGER WOODS DR, APT. 2212
CITY-ST-ZIP DECATUR GA 30035

TITLE BM
NAME JONES, MILDRED ☐ Delete
STREET ADDRESS 5023 CASERTA ST.
CITY-ST-ZIP ORLANDO FL 32819-8303

TITLE BM
NAME TITRE, PHILLIS O ☐ Delete
STREET ADDRESS 4457 LAVISTA DR
CITY-ST-ZIP ORLANDO FL 32808

TITLE BM
NAME POSTELL, DEBORAH A ☐ Delete
STREET ADDRESS 631 PARK FOREST CT.
CITY-ST-ZIP APOPKA FL 32703-1970

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Georgia B. McLeod*

8-26-07