

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

<b>DOCUMENT # N93000001317</b>	
1. Entity Name <b>R. L. MCLEOD MINISTRIES INC.</b>	



**FILED**

08 SEP -4 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>7825 NECTAR DRIVE ORLANDO FL 32819-8303</b>	Mailing Address <b>7825 NECTAR DRIVE ORLANDO FL 32819-8303</b>
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2. Principal Place of Business - No P.O. Box # <b>Same</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

2nd MOORE CR2E037 (4/08)

City & State	City & State
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4. FEI Number <b>59-3197387</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>MCLEOD, GEORGIA B 7825 NECTAR DRIVE ORLANDO FL 32819-8303</b>	
7. Name and Address of New Registered Agent	
Name <b>Same</b>	
Street Address (P.O. Box Number is Not Acceptable)	
City <b>Same</b>	
City <b>Same</b>	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 <b>Georgia B. McLeod</b>	DATE <b>8-25-08</b>

<b>FILE NOW: FEE IS \$61.25 Due By September 3, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCLEOD, GEORGIA B 7825 NECTAR ORLANDO FL 32819-8303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Same</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD SCURRY, REMOSSIVE 7819 NECTAR DRIVE ORLANDO FL 32819-8303 <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	2V BROWN, ELAINE A 4522 SNAPPINGER WOODS DR, APT. 2212 DECATUR GA 30035 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>800135637318 09/10/08--01007--015 **\$69.90</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM JONES, MILDRED 5023 CASERTA ST ORLANDO FL 32819-8303 <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	BM TITRE, PHILLIS O 4457 LAVISTA DR ORLANDO FL 32808 <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	BM POSTELL, DEBORAH A 631 PARK FOREST CT. APOPKA FL 32703-1970 <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: <b>Georgia B. McLeod</b>	<b>Georgia B. McLeod 8-25-08</b>