## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N9300005549 (1)

LEONARD'S TEMPLE CHURCH OF GOD, INC.							
Principal Place	of Business	Mailing Address		I IODIANI DIK IDIDU JIIJI DANA DELIK		101 81111 BIBIB 1811 1861	
2750 W. WASHINGTON ST. ORLANDO FL 32805		1840 RUSHWOOD CT. ORLANDO FL 32818 US					
				3. Date incorporated or Qualified 12/03/1993	1	f Last Report	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	UII	20/1995 Applied For	
	OW, WAShingtons+		stwood of.	59-3213906		Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.			_/ <b>\$</b>	8.75 Additional	
22		27		5. Certificate of Status Desired	₩ *	Fee Required	
City & State		City & State	· · · · · ·	6. Election Campaign Financing		55.00 May Be	
23 OR16		28 ORlAndo	Florida	Trust Fund Contribution		Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for in		der s. 199.032,	
24 328	9. Name and Address of Current	29 32818	30 USA		Yes <b>∑</b> No	-6	
<del></del>	g, Name and Address of Correla	negistereo Agent	81 Name	10. Name and Address of New Re	igistered Age	nt	
	D, JOSH JR		82 Street Addire	ess (P.O. Box Number is Not Acceptable	3)		
	ISHWOOD COURT		83				
URLAND	O FL 32818						
			84 City		FL 8	5 Zip Code	
11. Pursuant	to the provisions of Sections 617.0502	and 617,1508, Florida Statutes	the above-named cornora	ation submits this statement for the purp		a its registered office	
or register	ed agent, or both, in the State of Florid	a. Such change was authorized	d by the corporation's boar	d of directors. I hereby accept the appoint	intment as regi	stered agent. I am	
/	in, and acceptance poligarions or, section	- 1/135~					
SIGNATURE(	Signature typed or primed name of registered agent a	nd httle if applicable (NOTE	Registered Agent signature required	when reinstaling)	DATE	8-96	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIR	ECTORS IN 12	
TITLE	D	□ DELETE	1.1 TITLE		□ Ct	nange 🔲 Addition	
NAME	LEONARD, JOSH JR		1.2 NAME				
STREET ADDRESS	1840 RUSHWOOD COURT		1.3 STREET ADDRESS				
CrTY-ST-ZiP	ORLANDO FL 32818		1.4 CHTY-ST-ZIP				
TITLE	D	DELETE	2 1 TrTLE		□ Ct	nange	
NAME	LEONARD, LILLIE M		2 2 NAME				
STREET ADDRESS	1840 RUSHWOOD COURT		2 3 STREET ADDRESS				
CITY-ST-7IP TITLE	ORLANDO FL 32818	DELETE	2 4 CHY-ST-ZIP		<b></b>	sanna 🗀 Addision	
NAME	D MEDIAND MENAN	Doctor	3 1 TITLE 3 2 NAME		□ Ct	nange 🔲 Addition	
STREET ADDRESS	LEONARD, KELVIN		3.2 NAME 3.3 STREET ADDRESS				
CITY - ST - ZIP	1840 RUSHWOOD COURT		3.4. CITY-ST-ZIP				
TITLE	ORLANDO FL 32818	DELETE	4.1 TITLE		□ Ct	nange	
NAME			4 2 NAME				
STREET ADDRESS			4 3 STREET ADDRESS				
CITY - ST - ZIP			4.4 C(TY - ST - ZIP				
TIFLE		DELETE	5.1 TITLE		Ci	ange 🔲 Addition	
NAME			5.2 NAME			Ì	
STREET ADDRESS			5.3 STREET ADDRESS				
CITY - ST - ZIP		· · · · · · · · · · · · · · · · · · ·	5.4 CITY - ST - ZIP				
TITLE		DELETE	6 1 TITLE		□ Cr	ange	
NAME			6 2 NAME				
STHEET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIF		this billion programme in the second	6 4 CHTY - ST - ZIP		minutes #		
eartifuthat	ry certify that the information supplied w the information indicated on this agrue	iui unis illing is voluntarily turnis Il report or eupologiantal agour	ned and opes not quality to	or the exemption stated in Section 119.0	가(러)(K), Florida	Statutes. I further	

certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** 

LULIAM. LEONARD -LILLEM. LEONARD SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-96 Date

407-291-4362

Daytime Phone #