

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002745

FILED  
Apr 08, 2009  
Secretary of State

**Entity Name:** FAITH CHAPEL PENTECOSTAL HOLINESS CHURCH OF LEESBURG, INC.

**Current Principal Place of Business:**

101 SOUTH TRUETT STREET  
LEESBURG, FL 34748

**New Principal Place of Business:**

**Current Mailing Address:**

101 S TRUETT ST  
LEESBURG, FL 34748

**New Mailing Address:**

**FEI Number:** 59-2886688

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

REEVES, H. LAWRENCE  
101 SOUTH TRUETT STREET  
LEESBURG, FL 34748 US

**Name and Address of New Registered Agent:**

REEVES, H. LAWRENCE  
2017 HELMS AVE  
LEESBURG, FL 34748 US

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.

SIGNATURE:

04/08/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: REEVES, H. LAWRENCE  
Address: 101 SOUTH TRUETT STREET  
City-St-Zip: LEESBURG, FL 34748

Title: BMD ( ) Delete  
Name: REEVES, JOSEPH S  
Address: 1909 BULTER ST.  
City-St-Zip: LEESBURG, FL 34748

Title: VD ( ) Delete  
Name: TRAVIS, TIMOTHY L  
Address: 90 OAK ST.  
City-St-Zip: LEESBURG, FL 34748

Title: BMD ( ) Delete  
Name: REEVES, PHILIP  
Address: 812 SOUTH LANE OAK DR  
City-St-Zip: LEESBURG, FL 34748

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: REEVES, H. LAWRENCE  
Address: 2017 HELMS AVE  
City-St-Zip: LEESBURG, FL 34748

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: REYES, SR, ROBERT M  
Address: 1208 LEE ST. #155  
City-St-Zip: LEESBURG, FL 34748

Title: BMD (X) Change ( ) Addition  
Name: REEVES, PHILIP  
Address: 812 SOUTH LANE OAK DR  
City-St-Zip: LEESBURG, FL 34748

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: H. LAWRENCE REEVES

PD

04/08/2009

Electronic Signature of Signing Officer or Director

Date