

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 10, 1999 8:00 am
Secretary of State

08-10-1999 90022 013 ****61.25

DOCUMENT # N97000003292

1. Corporation Name

Leland Ministries, Inc

Principal Place of Business

225 S. Central Avenue
Bartow FL 33830

Mailing Address

PO Box 126
Eaton Park FL
33840

2. Principal Place of Business

21 225 S. Central Ave

2a. Mailing Address

26 PO Box 126

3. Date Incorporated or Qualified

June 6, 1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3453931

Applied For

Not Applicable

City & State

23 Bartow FL

City & State

28 Eaton Park, FL

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

Zip

24 33830

Country

25 USA

Zip

29 33840

Country

30 USA

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

Elizabeth Anne Leland
4048 Homestead Drive
Lakeland FL 33809

10. Name and Address of New Registered Agent

81 Name Elizabeth Anne Combee

82 Street Address (P.O. Box Number is Not Acceptable)
2625 State Rd 33 N

83

84 City Lakeland

FL

85 Zip Code
33801

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Elizabeth A. Combee

Elizabeth A. Combee 8-3-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE MD
NAME Elizabeth Anne Leland
STREET ADDRESS 4048 Homestead Drive
CITY-ST-ZIP Lakeland FL 33809

TITLE P
NAME David D Hallock
STREET ADDRESS 1355 S. Orange Avenue
CITY-ST-ZIP Bartow FL 33830

TITLE V
NAME Barbara Carpenter
STREET ADDRESS 1339 Robert King High Drive
CITY-ST-ZIP Lakeland FL 33805

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE MD
1.2 NAME Elizabeth Anne Combee
1.3 STREET ADDRESS PO Box 126
1.4 CITY-ST-ZIP Eaton Park FL 33840

2.1 TITLE T
2.2 NAME Karen Greeson
2.3 STREET ADDRESS 999 Avenue H, N.E.
2.4 CITY-ST-ZIP Winter Haven FL 33881

3.1 TITLE S
3.2 NAME Ann Holloway
3.3 STREET ADDRESS 2626 Handley Blvd
3.4 CITY-ST-ZIP Lakeland FL 33803

4.1 TITLE D
4.2 NAME Lynn Breidenbach
4.3 STREET ADDRESS 222 High View Lane
4.4 CITY-ST-ZIP Lakeland FL 33801

5.1 TITLE D
5.2 NAME Beth Smedley
5.3 STREET ADDRESS 999 Avenue H N.E.
5.4 CITY-ST-ZIP Winter Haven FL 33881

6.1 TITLE D
6.2 NAME Ron Boggs
6.3 STREET ADDRESS 415 Second Street N.W.
6.4 CITY-ST-ZIP Winter Haven FL 33881

14. 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 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, with all other like empowered.

SIGNATURE: Elizabeth A. Combee Elizabeth A. Combee 8-3-99 (941) 519-0723

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)