

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003292

1. Entity Name

LELAND MINISTRIES, INC.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90126 014 \*\*\*\*61.25

Principal Place of Business

225 S CENTRAL AVE  
BARTOW FL 33830  
US

Mailing Address

PO BOX 126  
EATON PARK FL 33840-0126  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3453931

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LELAND, ELIZABETH A  
7625 STATE RD 33N  
LAKELAND FL 33801

Name

Combee, Elizabeth A

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

225 S. Central Ave

City

Bartow

FL

Zip Code

33830

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.

SIGNATURE

Elizabeth A. Combee

1-10-00

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE MD ☐ Delete  
NAME COMBRE, ELIZABETH A  
STREET ADDRESS PO BOX 126  
CITY-ST-ZIP EATON PARK FL 33840

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

TITLE T ☐ Delete  
NAME GREESON, KAREN  
STREET ADDRESS 999 AVENUE H NE  
CITY-ST-ZIP WINTER HAVEN FL 33881

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

TITLE V ☐ Delete  
NAME CARPENTER, BARBARA  
STREET ADDRESS 1339 ROBERT KING HIGH DRIVE  
CITY-ST-ZIP LAKELAND FL 33805

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

TITLE D ☐ Delete  
NAME GREESON, KAREN  
STREET ADDRESS 999 AVE H NE  
CITY-ST-ZIP WINTER HAVE FL 33880

TITLE Director ☒ Change ☐ Addition  
NAME Casey, Sharon  
STREET ADDRESS 1041 Sugar tree lane, South  
CITY-ST-ZIP Lakeland FL 33813

TITLE D ☐ Delete  
NAME HALLOWAY, ANN  
STREET ADDRESS 2626 HANDLEY BLVD  
CITY-ST-ZIP LAKELAND FL 33803

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

TITLE D ☐ Delete  
NAME BREIDENBACH, LYNN  
STREET ADDRESS 222 HIGHVIEW LANE  
CITY-ST-ZIP LAKELAND FL 33801

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 exemption stated in Section 119.07(3)(i), 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:

Ann Holloway

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-00

Date

682-7688

Daytime Phone #

CR2E037 (9/99)