

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 716105

**Entity Name:** LAKE ELLEN CHRISTIAN CHURCH INC.

**Current Principal Place of Business:**

3450 US HWY 17-92  
CASSELBERRY, FL 32707

**Current Mailing Address:**

C/O 805 CAMELLIA AVE  
ALTAMONTE SPRINGS, FL 32714

**FEI Number: 23-7371398**

**Certificate of Status Desired: No**

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

MOODY, GENE  
805 CAMELLIA AVE  
ALTAMONTE SPRINGS, FL 32714 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           DIRECTOR, SECRETARY  
Name           SMAAGE, DONNA M  
Address        2555 GRESHAM DR  
City-State-Zip: ORLANDO FL 32807

Title           DIRECTOR, TREASURER  
Name           WALKER, CHAD  
Address        436 E. CROSSBEAM CIRCLE  
City-State-Zip: CASSELBERRY FL 32707

Title           DIRECTOR, PRESIDENT  
Name           MOODY, GENE  
Address        C/O 805 CAMELLIA AVE  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

*I hereby 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 all other like empowered.*

**SIGNATURE: DONNA M. SMAAGE**

**SECRETARY**

**02/26/2013**

Electronic Signature of Signing Officer/Director Detail

Date