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Feb 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000003076 (6)

1. Corporation Name

LEESBURG DOWNTOWN PARTNERSHIP, INC.



Principal Place of Business

Mailing Address

310 W MAIN ST  
LEESBURG FL 34748  
US

P O BOX 490043  
LEESBURG FL 34749-0043  
US

3. Date Incorporated or Qualified  
06/20/1994

3a. Date of Last Report  
05/15/1996

2. Principal Place of Business

2a. Mailing Address

21 111 South 6th Street

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27 City & State

23 Leesburg, FL

28

Zip Country

29 Zip Country

24 34748

25 Lake

30

4. FEI Number

59-3255632

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLACKMON, CHET A  
311 W. MAGNOLIA STREET  
LEESBURG FL 34748

81 Name Jeanne Matthews

82 Street Address (P.O. Box Number Is Not Acceptable)

103 S. 6th Street

83

84 City Leesburg

FL

85 Zip Code 34748

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 *Jeanne Matthews*  
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

2/5/97  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  DELETE  
NAME BLACKMON, CHET A  
STREET ADDRESS 710 CASCADE AVE.  
CITY-ST-ZIP LEESBURG FL

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE  DELETE  
NAME MATTHEWS, JEANNE  
STREET ADDRESS 103 S. 6TH ST.  
CITY-ST-ZIP LEESBURG FL

2.1 TITLE  Change  Addition  
2.2 NAME Matthews, Jeanne / Director  
2.3 STREET ADDRESS 103 S. 6th St.  
2.4 CITY-ST-ZIP Leesburg, FL

TITLE  DELETE  
NAME O'KEEF, DAN  
STREET ADDRESS 1403 AKRON DRIVE  
CITY-ST-ZIP LEESBURG FL

3.1 TITLE  Change  Addition  
3.2 NAME Dell Ross / Director  
3.3 STREET ADDRESS 601 W. Main St  
3.4 CITY-ST-ZIP Leesburg FL 34748

TITLE  DELETE  
NAME KAUFFMAN, JOY  
STREET ADDRESS 4315 LAKES ST (HELENA COVE)  
CITY-ST-ZIP LEESBURG FL

4.1 TITLE  Change  Addition  
4.2 NAME Ed See / Director  
4.3 STREET ADDRESS 106 Pal mora Blvd  
4.4 CITY-ST-ZIP Leesburg, FL 34748

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME Joy Kight / Director  
5.3 STREET ADDRESS 4315 Lake St  
5.4 CITY-ST-ZIP Leesburg, FL 34748

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: *Jeanne Matthews*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/97  
Date

Daytime Phone # 0070283

CR2E037 (9/96)