

FILED
Apr 24, 2000 8:00 am
Secretary of State

01-18-2000 90145 037 ****61.25

DOCUMENT # N96000003746
 1. Entity Name
LEADERSHIP GAINESVILLE ALUMNI ASSOCIATION, INC.

Principal Place of Business 2531 N.W. 41ST STREET SUITE A-3 GAINESVILLE FL 32606	Mailing Address 2531 N.W. 41ST STREET SUITE A-3 GAINESVILLE FL 32606-7348
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 9200 NW 36th Place	3. Mailing Address 9200 NW 36th Place
Suite, Apt. #, etc. Suite A	Suite, Apt. #, etc. Suite A

City & State Gainesville FL	City & State Gainesville FL	4. FEI Number 59-3389975	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
Zip 32606	Country ALACHUA	Zip 32606	Country Alachua	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent
DEEGAN, TIMOTHY P
2531 N.W. 41ST STREET
SUITE A-3
GAINESVILLE FL 32606

7. Name and Address of New Registered Agent
 Name **DEEGAN, Timothy P**
 Street Address (P.O. Box Number is Not Acceptable)
9200 NW 36th Place Suite A
 City **Gainesville FL** Zip Code **32606**

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 *Timothy P Deegan* DATE *1/11/00*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
-------------------------------------	---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D DEEGAN, TIMOTHY P 2531 N.W. 41ST STREET GAINESVILLE FL 32606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D WALKER, KENT 3522 SW 42ND AVE GAINESVILLE FL 32608	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D CHRISTIAN, LAWRENCE D 5716 N.W. 62ND COURT GAINESVILLE FL 32653	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CARLA RHINE BENNETT 3004 NW 44TH PL GAINESVILLE FL 32605	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAGNER, SUSAN K 2531 N.W. 41ST ST., SUITE A-3 GAINESVILLE FL 32606	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/D DEEGAN, Timothy P 9200 NW 36th Place #A Gainesville FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT/D Chambers, Mary 620 E. University Avenue Gainesville FL 32601	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KEN Lowman Secretary/D 822 NW 36th Terrace Gainesville FL 32605	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *SIG Timothy P Deegan President* Date *1/11/00* Daytime Phone # *3523370000*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OK TO 2/22/00

CR2E037 (9/99)