2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 30, 2004 8:00 am Secretary of State DOCUMENT # N96000003746 04-30-2004 90268 046 ****61.25 LEADERSHIP GAINESVILLE ALUMNI ASSOCIATION. INC. Principal Place of Business Mailing Address 9200 NW 36TH PLACE 9200 NW 36TH PLACE SUITE A GAINESVILLE FL 32606 SUITE A GAINESVILLE FL 32606 2. Principal Place of Business 3. Mailing Address PO BUX 1561 PO BOX 156 MOORE CR2E037 (11/03) City & State 4. FEI Number Applied For 59-3389975 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DEEGAN, TIMOTHY P et Address (P.O. Box Number is Not Acceptable) 9200 NW 36TH PLACE SUITE A GAINESVILLE FL 32606 32605 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. I am familiar with, and accept SIGNATURE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. President Change TITLE Delete TITLE ☐ Addition Jeannene Mironack 2425 NW 35th Terrace DEEGAN, TIMOTHY P NAME NAME 2531 N.W. 41ST STREET STREET ADDRESS STREET ADDRESS GAINESVILLE FL 32606 CITY-ST-ZIP CITY-ST-ZIP Gainesville FL 3260S PD President- Elect. Addition Delete TITLE TITLE Change Larry Christian 57/6 NW 62 d Court Cainesvilk, FL 32653-3200 EVANS, BILL NAME NAME 9200 NW 36TH PLACE A STREET ADDRESS STREET ADDRESS GAINESVILLE FL 32608 CITY-ST-ZIP CITY-ST-ZIP VP Membership TITLE ☐ Delete TITLE ☐ Change Addition A Kirk Klein great 2700 NW 43cd Great 2700 NW 43cd Great 2700 NW 43cd Great LOWMAN, KEN~ NAME' NAME PO BOX 14188 UNIV. STATION STREET ADDRESS STREET ADDRESS GAINESVILLE FL 32604 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition Change MIRONACK, JEANINE NAME NAME **4817 NW 37TH PLACE** STREET ADDRESS STREET ADDRESS GAINESVILLE FL 32606 CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change Addition TITLE SNYDER, SANDRA NAME NAME 810 NW 8 STREET STREET ADDRESS STREET ADDRESS GAINESVILLE FL 32601 CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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

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changed, or on an attachment with an address, with all other like empowered. annone Misser Jeannone Mironack 4/26/04 352-335-5877 SIGNATURE: