


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2006 8:00 am
Secretary of State

07-17-2006 90143 041 ****61.25

DOCUMENT # N96000003746

1. Entity Name
LEADERSHIP GAINESVILLE ALUMNI ASSOCIATION, INC.



Principal Place of Business
**PO BOX 1561
 GAINESVILLE, FL 32602**

Mailing Address
**PO BOX 1561
 GAINESVILLE, FL 32602**



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

07112006 Chg-NP CR2E037 (4/06)

6. Name and Address of Current Registered Agent
**MIRONACK, JEANNENE
 2525 MW 35TH TERRACE
 GAINESVILLE, FL 32605**

4. FEI Number
59-3389975

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHRISTIAN, LAWRENCE D. 5716 NW 62ND COURT GAINESVILLE, FL 326533200 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Candy Taylor - VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1210 NW 14 th Ave. Gainesville, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOWMAN, KEN <input checked="" type="checkbox"/> Delete PO BOX 14188 UNIV. STATION GAINESVILLE, FL 32604	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Terri Lowery - Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 730 NE Waldo Rd. Gainesville, FL 32641
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP MIRONACK, JEANINE <input type="checkbox"/> Delete 2425 NW 35TH TERRACE GAINESVILLE, FL 32605	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPM KLEIN, KIRK <input checked="" type="checkbox"/> Delete 2700 NW 43RD ST GAINESVILLE, FL 32606	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Larry Christian - Past President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST V. FIELDS, DR. MARGARET <input type="checkbox"/> Delete 2445 NW 14 PLACE GAINESVILLE, FL 32605	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Margaret Fields - President Elect <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE REYES, ELIZABETH <input type="checkbox"/> Delete 4106 NW 36 TERRACE GAINESVILLE, FL 32605	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Elizabeth Reyes - President <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Elizabeth Reyes **7/11/06** **(352) 222-9392**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #