


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 10, 2007 8:00 am**  
**Secretary of State**

09-10-2007 90002 019 \*\*\*\*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**

40131834



2. Principal Place of Business - No P.O. Box #  
 3. Mailing Address

Suite, Apt. #, etc.  
**300 EAST UNIVERSITY AVE**

Suite, Apt. #, etc.  
 \_\_\_\_\_

09042007 Chg-NP CR2E037 (12/06)

City & State  
**GAINESVILLE, FL**

City & State  
 \_\_\_\_\_

4. FEI Number  
**59-3389975**

Applied For  
 Not Applicable

Zip  
**32601**

Country  
**ALACHUA**

Zip  
 \_\_\_\_\_

Country  
 \_\_\_\_\_

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

6. Name and Address of Current Registered Agent

**MIRONACK, JEANNENE  
 2525 MW 35TH TERRACE  
 GAINESVILLE, FL 32605**

7. Name and Address of New Registered Agent

Name **LAWRENCE D. CHRISTIAN**

Street Address (P.O. Box Number is Not Acceptable)  
**5716 NW 62 COURT**

City **GAINESVILLE** FL Zip Code **32653**

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 **LAWRENCE D. CHRISTIAN** *Lawrence D Christian* 9-7-2007

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 14, 2007**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP CHRISTIAN, LAWRENCE D. 5716 NW 62ND COURT GAINESVILLE, FL 326533200 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TAYLOR, CADY 1210 NW 14TH AVE GAINESVILLE, FL 32601 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP MIRONACK, JEANNENE 2425 NW 35TH TERRACE GAINESVILLE, FL 32605 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOWERY, TERRI 730 NE WALDO RD. GAINESVILLE, FL 32641 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE V. FIELDS, DR. MARGARET 2445 NW 14 PLACE GAINESVILLE, FL 32605 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REYES, ELIZABETH 4106 NW 36 TERRACE GAINESVILLE, FL 32605 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP V. FIELDS, DR. MARGARET 2445 NW 14TH PLACE GAINESVILLE, FL 32605 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY CANDACE TAYLOR 7717 NW 218 STREET ALACHUA, FL 32615 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KIM MITROOK 9449 SW 32ND LANE GAINESVILLE, FL 32608 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES-ELECT TERRI LOWERY 4742 SW 88 DRIVE GAINESVILLE, FL 32608 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER DAVID WELCH 2951 SE 24TH PLACE GAINESVILLE, FL 32641-9324 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT KIM TESCH-VAUGHT 2139 NW 30TH PL GAINESVILLE, FL 32605 <input type="checkbox"/> Change <input checked="" 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: *K Vaught* 9-7-07 352-226-5956

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