## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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DOCUMENT # N96000003746  1. Entity Name LEADERSHIP GAINESVILLE ALUMNI ASSOCIATION, INC.							07 90002 (	019 ****(	51.25	
Principal Place	of Business	Mailing Address		-	) 4UJ	31834	•			
PO BOX 1561 PO BOX 1561										
GAINESVILLE, FL 32602 GAINESVILLE, FL 32602					1					
Principal Place of Business - No P.O. Box #     Mailing Address					]					
Suite, Apt. #, etc.  300 EAST UNIVERSITY AVE Suite, Apt. #, etc.					09042007	Chg-NP	CR2E03	7 (12/06)		
City & State SUITE 100 GAINESVILLE, FL		City & State		4. FEI Number 59-33899	75		<u> </u>	plied For t Applicable		
3260	PLACHUA	Zip	Country		5. Certificate of		' ' '	\$8.75 Addi ee Required		
6. Name and Address of Current Registered Agent			No	7. Name and Address of New Registered Agent						
MIRONACK, JEANNENE			Na	Name LAWRENCE D. CHRISTIAN						
2525 MW 3	S5TH TERRACE		Stre	eet Address (	P.O. Box Number is	Not Accepta	ble)			
GAINESVILLE, FL 32605			5	716 N	W 62	COUXI				
			City	GAIN	ESVILLE		FL	Zip Code	3463	
8. The above	named entity submits this statement for	the purpose of changing its r	eaistered offi			in the State of		amiliar with.	and accept	
	ons of registered agent.		, ,	~	21.	,				
SIGNATURE LAWRENCE D. CHRISTIAN AUVILUE (MILLIAM 9-7-2007 Signature, typed or profiled name of registered agent and title if applicable. (MOTE: Registered Agent signature required when reinstating)  DATE										
		· / / / /	Registered Agent	t signature required	d when reinstating)	-	DATE			
	Signature, typed or printed name of registered agent a	· / / / /	paign Financ		\$5.00 May Be Added to Fees	FI	Make check	payable to	D '	
De	Signature, typed or printed name of registered agent a	9. Election Cam Trust Fund C	paign Financ	sing 🗆	\$5.00 May Be	- '	Make check	payable to	o ate	
	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 ue by September 14, 2007	9. Election Cam Trust Fund C	paign Financ ontribution.	sing	\$5.00 May Be Added to Fees ADDITIONS/CHAN	GES TO OFFI	Make check lorida Depart	payable to	o ate	
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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:

Warre And Typed OR PRINTED HAME OF SIGNING OFFICER OR DIRECTO

9-7-07

352-776-5956

Daytime Phone ♥