


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90351 025 ****70.00

DOCUMENT # N96000003746

1. Entity Name
LEADERSHIP GAINESVILLE ALUMNI ASSOCIATION, INC.



Principal Place of Business
**300 EAST UNIVERSITY AVE
 SUITE 100
 GAINESVILLE, FL 32601**

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

40084006



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

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

03032008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent
**CHRISTIAN, LAWRENCE D
 5716 NW 62 COURT
 GAINESVILLE, FL 32653**

7. Name and Address of New Registered Agent
 Name **David S. Welch**
 Street Address (P.O. Box Number is Not Acceptable)
2951 SE 24th Place
 City **Gainesville** FL Zip Code **32641-9324**

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]* DATE **3/3/2008**

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

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

Filing Fee is \$61.25 Due by May 1, 2008

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP V. FIELDS, MARGARET DR 2445 NW 14TH PLACE GAINESVILLE, FL 32605 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TAYLOR, CANDACE 7717 NW 218 STREET ALACHUA, FL 32615 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MITROCK, KIM 9449 SW 32ND LANE GAINESVILLE, FL 32608 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE LOWERY, TERRI 4742 SW 88 DRIVE GAINESVILLE, FL 32608 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WELCH, DAVID 2951 SE 24TH PLACE GAINESVILLE, FL 32641 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TESCH-VAUGHT, KIM 2139 NW 30TH PLACE GAINESVILLE, FL 32605 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Kim mitrook
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
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 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: *[Signature]* DATE **3/26/08** 352-226-5956

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