

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003746

FILED  
Apr 10, 2012  
Secretary of State

**Entity Name:** LEADERSHIP GAINESVILLE ALUMNI ASSOCIATION, INC.

**Current Principal Place of Business:**

300 EAST UNIVERSITY AVE  
SUITE 100  
GAINESVILLE, FL 32601

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1561  
GAINESVILLE, FL 32602

**New Mailing Address:**

PO BOX 358525  
GAINESVILLE, FL 32635

**FEI Number:** 59-3389975

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WELCH, DAVID S  
2951 SE 24TH PLACE  
GAINESVILLE, FL 32641 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ZIMEK, PETE  
Address: 2242 NW 29TH AVE.  
City-St-Zip: GAINESVILLE, FL 32605

Title: PE  
Name: WHITAKER, BRITE  
Address: 5512 SW 35TH WAY  
City-St-Zip: GAINESVILLE, FL 32608

Title: PP  
Name: COSTELLO, SCOTT  
Address: 4140 NW 37TH PL  
City-St-Zip: GAINESVILLE, FL 32607

Title: T  
Name: ANCHORS, CHARLES W JR  
Address: 5204 SW 81ST DRIVE  
City-St-Zip: GAINESVILLE, FL 32608

Title: S  
Name: WILLIAMS, BRYAN  
Address: 3501-A WEST UNIVERSITY AVE  
City-St-Zip: GAINESVILLE, FL 32607

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHARLES ANCHORS

T

04/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date