2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 12, 2004 8:00 am Secretary of State DOCUMENT # N98000007193 1. Entity Name 04-12-2004 90314 009 ****61.25 COMMUNITY LEADS AND NEEDS, INC. Principal Place of Business Mailing Address P.O. BOX 121162 CLERMONT FL 34712 P.O. BOX 121162 CLERMONT FL 34712 ひよりなりりずい 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 59-3555099 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HANNU, JUDITH Street Address (P.O. Box Number is Not Acceptable) 9005 J. UNDERWOOD RD CLERMONT FL 34711 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Due By May 1, 2004 Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 📂 11. Delete TITLE D Change **KX**Addition SHAFTER, JOHN NAME NAME Paul Roche III P.O. BOX 121786 STREET ADDRESS STREET ADDRESS 1710 E Hwy 50 CLERMONT FL 34712 CITY-ST-7IP CITY-ST-ZIP Clermont, Fl 34711 TITLE X Delete TITLE Ð [K] Change ☐ Addition Steve Lightcap LIGHTCAP, STEVE NAME NAME 1698 Second St 1698 SECOND ST STREET ADDRESS STREET ADDRESS CLERMONT FL 34711 Clermont, Fl 34711 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE VP **K**KChange Addition EARLY, CAROLE NAME "Carole Early NAME 740 LAKE AVE STREET ADDRESS STREET ADDRESS 740 Lake Ave CLERMONT FL 34711 CITY-ST-ZIP CITY-ST-ZIP Clermont, F1-34711 TITLE P TITLE ☐ Delete ☐ Change ★ Addition HANNU, JUDITH K NAME Mary Jane Sales 9005 J UNDERWOOD RD STREET ADDRESS STREET ADDRESS 288 Seminole CLERMONT FL 34711 CITY-ST-ZIP CITY-ST-ZIP Clermont, Fl- 34711 TITLE Delete TITLE D ☐ Change ▼ Addition SIMON, CORA NAME NAME Bruce Moore 6702 LAKE KIRKLAND DR STREET ADDRESS STREET ADDRESS 3351 Whisper Bay Dr CLERMONT FL 34711 CITY-ST-7IP CITY-ST-ZIP Clermont, Fl 34711 TITLE S TITLE Delete Change **X** Addition 2.r* CABIBI, JANET Mary Lightcap NAME NAME 12448 LAKE RIDGE CIR STREET ADDRESS STREET ADDRESS 1698 Second St CLERMONT FL 34711 CITY-ST-ZIP CITY-ST-ZIP Clermont, Fl 34711

FILED

Judithk, Hannu, Treasurer 352-394-1744 NTED NAME OF SIGNING OFFICER OR DIRECTOR

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.