

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008415

Entity Name: LEADERSHIP LAKE COUNTY, INC.**Current Principal Place of Business:**206 NURSERY RD
LEESBURG, FL 34748**Current Mailing Address:**P.O. BOX 1501
TAVARES, FL 32778**FEI Number:** 26-0570199**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PARKER, DANIELLE
206 NURSERY RD
LEESBURG, FL 34748 US*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:** DANIELLE PARKER

03/15/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name HIOTT, CHUCK
Address 902 NORTH SINCLAIR AVE.
City-State-Zip: TAVARES FL 32778

Title VC
Name KRACHT, TERRI
Address 9343 CR 561
City-State-Zip: CLERMONT FL 34711

Title DIRECTOR
Name MIDDLETON, MICHELL
Address 523 N DONNELLY STREET
City-State-Zip: MOUNT DORA FL 32757

Title DIRECTOR
Name HALL, GLEN M
Address 360 W RUBY STREET
City-State-Zip: TAVARES FL 32778

Title DIRECTOR
Name CULLEN, CARMAN
Address P.O. BOX 1501
City-State-Zip: TAVARES FL 32778

Title DIRECTOR
Name MARDEN, MICHAEL
Address P.O. BOX 1501
City-State-Zip: TAVARES FL 32778

Title DIRECTOR
Name BRYANT, LAURIE
Address P.O. BOX 1501
City-State-Zip: TAVARES FL 32778

Title SECRETARY
Name MATTHEWS, LESLIE
Address P.O. BOX 1501
City-State-Zip: TAVARES FL 32778

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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: DANIELLE PARKER

PROGRAM DIRECTOR

03/15/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title PROGRAM DIRECTOR
Name PARKER, DANIELLE
Address 206 NURSERY RD
City-State-Zip: LEESBURG FL 34748

Title DIRECTOR
Name RANKIN, MICHAEL
Address PO BOX 1501
City-State-Zip: TAVARES FL 32778

Title DIRECTOR
Name SPIVEY, AUSTIN
Address P.O. BOX 1501
City-State-Zip: TAVARES FL 32778

Title DIRECTOR
Name COLLIER, GREG
Address P.O. BOX 1501
City-State-Zip: TAVARES FL 32778

Title TREASURER
Name HANKEY, RICK
Address PO BOX 1501
City-State-Zip: TAVARES FL 32778

Title DIRECTOR
Name STONE, AMY
Address 40705 LOUISE RD
City-State-Zip: UMATILLA FL 32784

Title DIRECTOR
Name STERN, MARY
Address P.O. BOX 1501
City-State-Zip: TAVARES FL 32778