## 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000011312

Entity Name: L.E.A.S.H., INC

**Current Principal Place of Business:** 

15705 TURKEY FARM ROAD MINNEOLA. FL 34715

**Current Mailing Address:** 

P.O. BOX 128

ASTATULA, FL 34705

FEI Number: 47-2530387 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RICHARDSON, LISA G 15705 TURKEY FARM ROAD MINNEOLA, FL 34715 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:

Electronic Signature of Registered Agent

Date

**FILED** Apr 07, 2017

**Secretary of State** 

CC8947244359

Officer/Director Detail:

Title **PRESIDENT** 

BOYLSTON, WHITNEY A Name

Address 225 E KEY AVE.

City-State-Zip: EUSTIS 32726

Title **SECRETARY** 

Name BALLINGS, MICHELLE

Address 2524 BOCH ROAD

City-State-Zip: APOPKA FL 32712

Title **DIRECTOR** 

BOYLSTON, BEN Name

725 E. LAKEVIEW AVE Address

City-State-Zip: EUSTIS FL 32726

Title DIRECTOR

KLEIN- CANTEL, D'ARA DR. Name

20200 BILL COLLINS RD Address

City-State-Zip: EUSTIS FL 32736

Name RICHARDSON, LISA G

Title

Address 15705 TURKEY FARM ROAD

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City-State-Zip: MINNEOLA FL 34715

Title **TREASURER** 

Name THIELEN, SARAH

Address 34127 MADIERA LANE

SORRENTO FL 32776 City-State-Zip:

Title DIRECTOR

Name WATSON, GRANT

Address 32325 OAK CANOPY DR.

City-State-Zip: SORRENTO FL 32776

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: LISA RICHARDSON

Electronic Signature of Signing Officer/Director Detail

VICE-PRESIDENT

04/07/2017

Date