# 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: DAVID LELAND

Electronic Signature of Signing Officer/Director Detail

# 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22000013717

Entity Name: LELAND FAMILY FOUNDATION, CORP.

#### **Current Principal Place of Business:**

835 NORSOTA WAY SARASOTA, FL 34242

#### **Current Mailing Address:**

835 NORSOTA WAY SARASOTA, FL 34242 US

## FEI Number: APPLIED FOR

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

STEINHOFF, CRAIG 1777 MAIN STREET SUITE 301 SARASOTA, FL 34236 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	CRAIG STEINHOFF			01/09/2024
		Electronic Signature of Registered Agent			Date
Officer/Director Detail :					
	Title	DP	Title	DST	
	Name	DAVID W. LELAND	Name	LISA M. LELAND	
	Address	835 NORSOTA WAY	Address	835 NORSOTA WAY	
	City-State-Zip:	SARASOTA FL 34242	City-State-Zip:	SARASOTA FL 34242	
	Title	D	Title	D	
	Name	CASSIE MARIE LELAND	Name	ZOE ELIZABETH LELAND	
	Address	835 NORSOTA WAY	Address	835 NORSOTA WAY	
	City-State-Zip:	SARASOTA FL 34242	City-State-Zip:	SARASOTA FL 34242	
	Title	D			
	Name	ABBIGAIL ROSE LELAND			
	Address	835 NORSOTA WAY			
	City-State-Zip:	SARASOTA FL 34242			

01/09/2024

# FILED Jan 09, 2024 Secretary of State 1136586120CC

Certificate of Status Desired: No

Date