

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000003076

**Entity Name:** LEESBURG PARTNERSHIP, INC.

**Current Principal Place of Business:**

401 WEST MAGNOLIA STREET  
LEESBURG, FL 34748

**Current Mailing Address:**

PO BOX 490043  
LEESBURG, FL 34749-0043 US

**FEI Number:** 59-3255632

**Certificate of Status Desired:** Yes

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

WILLIAMS, ROBERT Q ESQ  
WILLIAMS, SMITH AND SUMMERS, P.A.  
380 WEST ALFRED STREET  
TAVARES, FL 32778-3298 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:** JOE. W. SHIPES

01/22/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name STIVENDER, FRANK  
Address PO BOX 490043  
City-State-Zip: LEESBURG FL 34749-0043

Title PAST PRESIDENT  
Name WOOD, CHRISTOPHER  
Address 503 LAKESHORE DR  
City-State-Zip: LEESBURG FL 34748

Title PRESIDENT  
Name HAMILTON, WYLIE  
Address 429 CRESTRUN LOOP  
City-State-Zip: LEESBURG FL 34748

Title CEO  
Name SHIPES, JOE W.  
Address 475 GUERRANT STREET  
City-State-Zip: UMATILLA FL 32784

Title TREASURER  
Name WILLIAMS, LENA  
Address 401 WEST MAGNOLIA STREET  
City-State-Zip: LEESBURG FL 34748

Title SECRETARY  
Name BOLIEK, ROBERT JR.  
Address 401 W. MAGNOLIA STREET  
City-State-Zip: LEESBURG FL 34748

*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:** JOE SHIPES

CEO

01/22/2019

Electronic Signature of Signing Officer/Director Detail

Date