## 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N9400003076

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

### 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 Certificate of Status Desired: Yes

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	E: JOE. W. SHIPES			01/07/2020	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	VP	Title	PAST PRESIDENT		
Name	WILLIAMS, LENA	Name	HAMILTON, WYLIE		
Address	PO BOX 490043	Address	429 CRESTRUN LOOP		
City-State-Zip:	LEESBURG FL 34749-0043	City-State-Zip:	LEESBURG FL 34748		
Title	PRESIDENT	Title	CEO		
Name	STOKES, SANDY	Name	SHIPES, JOE W.		
Address	1035 W DIXIE AVE	Address	475 GUERRANT STREET		
City-State-Zip:	LEESBURG FL 34748	City-State-Zip:	UMATILLA FL 32784		
Title Name Address	TREASURER BOLIEK, ROBERT 401 WEST MAGNOLIA STREET	Title Name Address	SECRETARY WETTSTEIN, AMANDA 401 W. MAGNOLIA STREET		
City-State-Zip:	LEESBURG FL 34748	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 01/07/20.	SIGNATURE	: JOE SHIPES	CEO	01/07/2020
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Electronic Signature of Signing Officer/Director Detail

Date