#### **2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000003746

Entity Name: LEADERSHIP GAINESVILLE ALUMNI ASSOCIATION, INC.

FILED
Jan 28, 2020
Secretary of State
5134964196CC

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

300 EAST UNIVERSITY AVE SUITE 100 GAINESVILLE, FL 32601

## **Current Mailing Address:**

PO BOX 358525

GAINESVILLE, FL 32635

FEI Number: 59-3389975 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

DEREN, ADRIA 300 EAST UNIVERSITY AVE SUITE 100 GAINESVILLE, FL 32601 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: ADRIA DEREN 01/28/2020

Electronic Signature of Registered Agent Date

#### Officer/Director Detail:

TitlePRESIDENTTitlePAST PRESIDENTNameMACKOUL, VIRGINIANameWALDMAN, JULIEAddressPO BOX 358525AddressPO BOX 358525

City-State-Zip: GAINESVILLE FL 32635 City-State-Zip: GAINESVILLE FL 32635

TitleTREASURERTitlePRESIDENT ELECTNameDEREN, ADRIANameSPELLICY, KEVINAddressPO BOX 358525AddressPO BOX 358525

City-State-Zip: GAINESVILLE FL 32635 City-State-Zip: GAINESVILLE FL 32635

TitleSECRETARYTitleBOARD MEMBERNameEMMANUEL, SARANameLOWRY, JOE JR.AddressPO BOX 358525AddressPO BOX 358525

City-State-Zip: GAINESVILLE FL 32635 City-State-Zip: GAINESVILLE FL 32635

TitleBOARD MEMBERTitleBOARD MEMBERNameMILLAM, MANDYNameBUCHHOLZ, KIMBERLY

Address PO BOX 358525 Address PO BOX 358525

City-State-Zip: GAINESVILLE FL 32635 City-State-Zip: GAINESVILLE FL 32635

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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: ADRIA DEREN TREASURER 01/28/2020

# Officer/Director Detail Continued:

Title BOARD MEMBER
Name COFFILL, JOHN
Address PO BOX 358525

City-State-Zip: GAINESVILLE FL 32635