

2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N96000003746

Entity Name: LEADERSHIP GAINESVILLE ALUMNI ASSOCIATION, INC.

**FILED
Sep 01, 2020
Secretary of State
1390363020CC**

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

09/01/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PAST PRESIDENT
Name MACKOUL, VIRGINIA
Address PO BOX 358525
City-State-Zip: GAINESVILLE FL 32635

Title BOARD MEMBER
Name WALDMAN, JULIE
Address PO BOX 358525
City-State-Zip: GAINESVILLE FL 32635

Title TREASURER
Name DEREN, ADRIA
Address PO BOX 358525
City-State-Zip: GAINESVILLE FL 32635

Title PRESIDENT
Name SPELLICY, KEVIN
Address PO BOX 358525
City-State-Zip: GAINESVILLE FL 32635

Title SECRETARY
Name EMMANUEL, SARA
Address PO BOX 358525
City-State-Zip: GAINESVILLE FL 32635

Title BOARD MEMBER
Name LOWRY, JOE JR.
Address PO BOX 358525
City-State-Zip: GAINESVILLE FL 32635

Title BOARD MEMBER
Name MILLAM, MANDY
Address PO BOX 358525
City-State-Zip: GAINESVILLE FL 32635

Title BOARD MEMBER
Name BUCHHOLZ, KIMBERLY
Address PO BOX 358525
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

09/01/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title BOARD MEMBER
Name COFFILL, JOHN
Address PO BOX 358525
City-State-Zip: GAINESVILLE FL 32635