

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716188

FILED  
Apr 24, 2009  
Secretary of State

**Entity Name:** THE LEESBURG AREA CHAMBER OF COMMERCE, INC.

**Current Principal Place of Business:**

103 SOUTH SIXTH STREET  
LEESBURG, FL 34748 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O BOX 490309  
LEESBURG, FL 347490309 US

**New Mailing Address:**

**FEI Number:** 59-0330175

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ZACHARCHUK, JAN K  
103 SOUTH SIXTH STREET  
LEESBURG, FL 34748 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PIERSON, TIM  
Address: 1211 W. NORTH BLVD  
City-St-Zip: LEESBURG, FL 34748

Title: TD ( ) Delete  
Name: BONE, JR., ROBERT E.  
Address: 701 WEST MAIN STREET  
City-St-Zip: LEESBURG, FL 34748

Title: PPD ( ) Delete  
Name: JOHNSON, ROBERT  
Address: P.O BOX 255  
City-St-Zip: MOUNT DORA, FL 32756

Title: PED ( ) Delete  
Name: STIFFLER, STEVE  
Address: 6113 SPINAKE LOOP  
City-St-Zip: LADY LAKE, FL 32159

Title: VP ( ) Delete  
Name: ZACHARCHUK, JAN  
Address: 103 SOUTH SIXTH STREET  
City-St-Zip: LEESBURG, FL 34748

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: TD (X) Change ( ) Addition  
Name: BOWLES, DIANA  
Address: 9423 SE 130TH STREET  
City-St-Zip: SUMMERFIELD, FL 34491

Title: PED (X) Change ( ) Addition  
Name: BONE, JR., ROBERT E.  
Address: 701 WEST MAIN STREET  
City-St-Zip: LEESBURG, FL 34748

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: STIFFLER, STEVE  
Address: 6113 SPINAKE LOOP  
City-St-Zip: LADY LAKE, FL 32159

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JAN ZACHARCHUK

VP

04/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date