## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	al report 1 <b>996</b>		Secretary of State DIVISION OF CORPORATIONS							
DOCUN 1. Corporation	/ENT #	742242	(1)							
		RCH OF LEES	BURG, INC.							
,										
Principal Place	of Business		Mailing Address				A ENGANI ANDII AIDIA FIRIN IEDIS AJUE			048   1011   1801
220 N. 13 ST. (34748)			220 N. 13 ST. (34748)							
P O BOX 490957 LEESBURG FL 34749			P O BOX 490957 LEESBURG FL 34749				0.00	1 20 D-	1 4 T	
							3. Date Incorporated or Qualified 03/29/1978	sa. Dal	te of Last F <b>)4/12/19</b>	195 195
2. Principal Place of Business			2a. Mailing Address 26				4. FEI Number 59-0637837	Applied For Not Applicable		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
City & State			City & State				6. Election Campaign Financing \$5.00 May Be			
Zip		ountry	Zip	Cour	ntry		Trust Fund Contribution  8. This corporation has liability for	ntangible ta	x under s.	
24	25 25	Address of Current I	29 Registered Agent	30			Florida Statutes  10. Name and Address of New R	Yes		
	9, Name and	adjess of Current	negistereo Agent		B1 Name		TO. Hallio and Addices of Novi	- Brotorou r	.90	
BLANCHARD, JUDY					B2 Street	Address	s (P.O. Box Number is Not Acceptate	le)		
220 NORTH 13TH ST.										
LEESBUF	RG FL 34748				B3					
				Ī	84 City			FL	<b>85</b> Zip	Code
or registere	ed agent, or both,	in the State of Florida	nd 617.1508, Florida Statute Such change was authorize 1617.0503, Florida Statutes	ed by the c	/e-named co orporation's	orporations board o	on submits this statement for the purification of directors. I hereby accept the app	nose of cha	nging its re registered	gistered office agent. I am
SIGNATURE								DATE		
12.	Signature, typed or printe	d name of registered agent an OFFICERS AND		13.	Agent signature r	required wh	en reinstating: ADDITIONS/CHANGES TO OFF		DIRECTO!	RS IN 12
TITLE	D		DELETE	1.1 111	LE	T		[	Change	☐ Addition
NAME	JONES, AL			1.2 NAME						
STREET ADDRESS	503 GIBSON				REET ADDRESS					
CITY-ST-ZIP	LEESBURG I	ւ	DELETE	1.4 Cf	Y-ST-ZIP	-		<u></u>	Change	Addition
TITLE NAME	WALKER, JA	MES M		2 1 III		1		·	onange	
STREET ADDRESS	1009 COTTO				REET ADDRESS					
CITY-ST-ZIP	LEESBURG,				TY-ST-ZIP					
TITLE	\$		DELETE	3 1 TIT					Change	Addition
NAME	BAKER, PEG			3.2 NA	ME	1				
STREET ADDRESS	220 N 13TH			3.3 \$1	REET ADDRESS					
CITY-ST-ZIP	LEESBURG, D	rl U	DELETE	3.4. C) 4.1 3(1	TY-ST-ZIP			_ <del></del>	Change	Addition
TITLE	MCLEOD, JO	IHN		4.1 311 4. 2 N					_r onlinge	
NAME STREET ADDRESS	•	PEARCE RD			REET ADDRESS					
CITY-ST-ZIP	LEESBURG FL			1	IY-ST-ZIP					
TITLE	D		DELETE	5.1 Tr				[	Change	Addition
NAME	SAFFORD, J			5.2 NA	ME					
STREET ADDRESS	05509 E. HA			5.9 ST	reet address					
CITY-ST-ZIP	FRUITLAND	PARK FL	Morrere	_	TY-ST-ZIP	m	<u> </u>		Change	Addition
TITLE	P JONES DAN	DV A C	DELETE	61 Tri		P	שמ באווסטא יד	•	<u>ra</u> ,unange	☐ vagaaa
NAME	JONES, RAN COUNTY RO			62 NA	me Reet address	not	DO FRANKO T	0		
STREET ADDRESS CITY-ST-ZIP	WILDWOOD				IY-SI-ZIP	140	BBS, EDWARD I. PALO YERDE I BBURG, FL 3	4748		
14. Ldo hereb	v certify that the in	formation supplied wi	th this filing is voluntarily furn	ished and	does not au	ualify for t	the exemption stated in Section 119 and that my signature shall have the	.07(3)(k), Flo	rida Statute effect as if	es. I further made under

certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the recorder or toustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 16 if changed, or on an attachment with an attories.

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-96 (352) 787-9550

CR2E037 (12/95)