2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 09, 2004 8:00 am **Secretary of State** DOCUMENT # N01000008465 1. Entity Name 03-09-2004 90024 010 ****61.25 LEESBURG ART ASSOCIATION, INC. Principal Place of Business Mailing Address CULTURE ART CTR. 201 EAST DIXIE AVE LEESBURG FL 34748 P.O. BOX 1496 LEESBURG FL 34749-1496 2. Principal Place of Business Mailing Address P.O. BOX 491496 Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-2974114 eesbura Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCKENZIE, MARY Street Address (P.O. Box Number is Not Acceptable) 25086 RIVERWALK DRIVE LEESBURG FL 34748 Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. **SIGNATURE** Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE Delete TITLE MCKENZIE, MARY McKenzie, Mary 25086 Riverwalk Dr NAME NAME 25086 RIVERWALK DRIVE STREET ADDRESS STREET ADDRESS LEESBURG FL 34748 CITY-ST-78P Lees burg, FL 34748 CITY-ST-ZIP Mitchell, Leslee 3905 Manor Oaks Ct. TITLE ☐ Delete TITLE Change ☐ Addition MITCHELL, LESLEE NAME NAME 3905 MANOR OAKS CT SYREET ADDRESS STREET ADDRESS LEESBURG FL 34748 eesburg, FL 34748 CITY-ST-ZIP CITY-ST-7IP Delete TITLE TITLE ☐ Change ☐ Addition BARRINGER, DIANA NAME Barringer, Diang 41 COVE LANE-STREET ADDRESS 41 coverane STREET ADDRESS EUSTIS FL 32726 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

FILED

McKenzie 3/2/04 352-314-8

changed, or on an attachment with an address, with all other like empowered.

indicated on this report or supplemental 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if