

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000008465

1. Entity Name

LEESBURG ART ASSOCIATION, INC.



Principal Place of Business

CULTURE ART CTR.
201 EAST DIXIE AVE
LEESBURG, FL 34748

Mailing Address

P.O. BOX 491496
LEESBURG, FL 34749-1496

DO NOT WRITE IN THIS SPACE



01182006 No Chg-NP

CR2E037 (11/05)

4. FEI Number
59-2974114

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARDINER, LEONA C
23130 BROUWERTOWN RD
HOWEY IN THE HILLS, FL 34737

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IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000423675
02/18/06-80010-007 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GARDINER, LEONA C
STREET ADDRESS	23130 BROUWERTOWN RD
CITY-ST-ZIP	HOWEY IN THE HILLS, FL 34737
TITLE	D
NAME	MITCHELL, LESLEE
STREET ADDRESS	3905 MANOR OAKS CT
CITY-ST-ZIP	LEESBURG, FL 34748
TITLE	D
NAME	MURRAY, HELENE
STREET ADDRESS	25815 BELLE ALLIANCE
CITY-ST-ZIP	LEESBURG, FL 34798
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

LEONA C GARDINER *Leona C Gardiner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/06 352-324-4087
Date Daytime Phone #