## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 13, 2007 8:00 am Secretary of State

DOCUMENT # N0100008465  1. Entity Name LEESBURG ART ASSOCIATION, INC.			<b>\</b> 1	O4-13-2007 90169 035 ****61.25		
Principal Place of Business CULTURE ART CTR. 201 EAST DIXIE AVE LEESBURG, FL 34748  Mailing Address P.O. BOX 491496 LEESBURG, FL 34749		-1496		;; ;;	191 SHIIRI AI 1881	
Principal Place of Business - No P.O. Box #     Mailing Address						
Suite, Apt. #, etc.	Suite, Apt. #, etc.	ite, Apt. #, etc.		g-NP CR2E037 (12/0	06)	
City & State City & State			4. FEI Number 59-2974114	4	Applied For Not Applicable	
Zip Country	Zip	Country	5. Certificate of Sta	atus Desired	Additional juired	
6. Name and Address of Current I	Registered Agent		7. Name and Add	ess of New Registered Agent		
GARDINER, LEONA C			Name McDaniel, Donna L			
23130 BROUWERTOWN RD HOWEY IN THE HILLS, FL 34737		Street Addre	Street Address (P.O. Box Nymber is NovAcceptable) BIVD			
, 1,5,1,2,1,1,2,1,1,2,5,1,2,1,1,1,1,1,1,1,		Lee	Lees Burb FL			
		City		FL   Zig	9748	
SIGNATURE SMALUE, typed or printed name of registered agent a				4/02/07		
Due by May 1, 2007 Fro		npaign Financing Contribution.	\$5.00 May Be Added to Fees	\$5.00 May Be Added to Fees  Make check payable to Florida Department of State		
10. OFFICERS AND DIR		11.		S TO OFFICERS AND DIRECTOR		
ITILE D  NAME GARDINER, LEONA C	☐ Defete	TITLE NAME	PRES,	© Chai	nge 🖾 Addition	
STREET ADDRESS 23130 BROUWERTOWN RD CITY-ST-ZIP HOWEY IN THE HILLS, FL 3473	7	STREET ADDRESS CITY-ST-ZIP	Donna L.MC 3748 Planta	THNIEL TON BLID , El 34748		
TITLE D	∑ Delete		1 0			
NAME MITCHELL, LESLEE STREET ADDRESS 3905 MANOR OAKS CT	LAD Delete	NAME .	STUP YVONNE FER 13745 WOOD	Wearyear Dem	nge 🕒 Addition	
City-ST-ZIP LEESBURG, FL 34748		STREET ADDRESS CITY-ST-ZIP	Leeseurg.	FL 34748		
TITLE D NAME MURRAY, HELENE	5 Selete	TITLE NAME		☐ Chai	nge 🗌 Addition	
STREET ADDRESS 25815 BELLE ALLIANCE		STREET ADDRESS		-	-	
CITY-ST-ZIP LEESBURG, FL 34798		CITY-ST-ZIP				
TITLE	Delete	ITILE	_	Char	nge 🗌 Addition	
NAME STREET ADDRESS		NAME STREET ADDRESS				
CITY-ST-ZIP		CITY-ST-ZIP				
тпе	☐ Delete	TITLE		☐ Char	ge 🔲 Addition	
NAME STREET AOORESS		NAME OTREET ADDRESS				
City-St-Zip		STREET ADDRESS City-St-Zip			1	
		<b>.</b> 1				
TITLE	☐ Delete	TITLE		Char	nge ∏ Addition I	
NAME	☐ Delete	TITLE NAME		Char	ge 🗌 Addition	
	☐ Delete	<b>■</b>		☐ Char	ge 🔲 Addition	

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:

SIGNATURE:

Daysing Phone #

DONNA L. MCDANIEL, FRES