

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008465

FILED
Mar 28, 2009
Secretary of State

Entity Name: LEESBURG ART ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 491496
LEESBURG, FL 347491496

New Mailing Address:

FEI Number: 59-2974114 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDANIEL, DONNA L
3748 PLANTATION BLVD
LEESBURG, FL 34748 US

Name and Address of New Registered Agent:

FEAVEARYEAR, YVONNE L
3745 WOODLEAF COURT
LEESBURG, FL 34748 US

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: YVONNE FEAVEARYEAR

03/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GARDINER, LEONA C
Address: 23130 BROUWERTOWN RD
City-St-Zip: HOWEY IN THE HILLS, FL 34737

Title: P () Delete
Name: MCDANIEL, DONNA L
Address: 3748 PLANTATION BLVD
City-St-Zip: LEESBURG, FL 34748

Title: 1VP (X) Delete
Name: FEAVEARYEAR, YVONNE
Address: 3745 WOODLEAF CT
City-St-Zip: LEESBURG, FL 34748

Title: P () Delete
Name: FEAVEARYEAR, YVONE
Address: 3745 WOODLEAF CT
City-St-Zip: LEESBURG, FL 34748

Title: T (X) Delete
Name: CHALLEN, DEMARIS
Address: 334 GRAND VISTA TRAN
City-St-Zip: LEESBURG, FL 34748

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP2 (X) Change () Addition
Name: YUTZY, SHARON
Address: 1825 MYRTLE LAKE AVE
City-St-Zip: FRUITLAND PARK, FL 34731

Title: VP1 (X) Change () Addition
Name: GRAY, SHAWN
Address: 325 LAKESHORE DRIVE
City-St-Zip: LEESBURG, FL 34748

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

Title: T (X) Change () Addition
Name: CALLEN, DEMARIS
Address: 334 GRAND VISTA TRAN
City-St-Zip: LEESBURG, FL 34748

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: DEMARIS CALLEN

T

03/28/2009

Electronic Signature of Signing Officer or Director

Date