

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N06000000138**

1. Entity Name  
**LEESBURG SESQUICENTENNIAL, INC.**



Principal Place of Business

**420 W. MAIN STREET  
LEESBURG, FL 34748 US**

Mailing Address

**420 W. MAIN STREET  
LEESBURG, FL 34748 US**



03102008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-4071996**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ARCHEY, JIM  
1514-B VINE STREET  
LEESBURG, FL 34748**

**DO NOT WRITE  
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 *Jim Archey*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

*3-10-2008*

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000872515

04/10/08-80040-021 61.25

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME MILLER, JIM  
STREET ADDRESS 1300 W. NORTH BOULEVARD  
CITY-ST-ZIP LEESBURG, FL 34748

TITLE TD  
NAME GALBREATH, GERALD B.  
STREET ADDRESS 420 MAIN STREET  
CITY-ST-ZIP LEESBURG, FL 34748

TITLE DIR  
NAME JOHNSON, JOHN L  
STREET ADDRESS PO BOX 490842  
CITY-ST-ZIP LEESBURG, FL 34749

TITLE D  
NAME HILL, JIM  
STREET ADDRESS 1204 8TH STREET  
CITY-ST-ZIP LEESBURG, FL 34748

TITLE D  
NAME WALLACE, RON  
STREET ADDRESS 212 E. MAIN STREET  
CITY-ST-ZIP LEESBURG, FL 34748

TITLE D  
NAME CULLEN, CARMAN  
STREET ADDRESS DABNEY SCHOOL - DIXIE AVENUE  
CITY-ST-ZIP LEESBURG, FL 34748

**DO NOT WRITE  
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: *James L. Miller*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*3/24/08* *352-504-0070*