2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001834

FILED Apr 05, 2007 Secretary of State

Entity Name: LEADERSHIP OCALA/MARION ALUMNI, INC.

Current Principal Place of Business: New Principal Place of Business:

3021 SW 27TH AVENUE UNIT 2 OCALA, FL 34474

Current Mailing Address: New Mailing Address:

3021 SW 27TH AVENUE UNIT 2 OCALA, FL 34474

FEI Number: 20-4340466 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ADAMS, JOHN Q II 3021 SW 27TH AVENUE OCALA, FL 34474 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: CHRISTIAN, KEVIN Name: WILLIAMS, DAVID

Address: P.O. BOX 831622 Address: P.O. BOX 4931
City-St-Zip: OCALA, FL 34483 US City-St-Zip: OCALA, FL 34478 US

Title: PE () Delete Title: PE (X) Change () Addition Name: STONE, MICHELLE Name: BURKE, TONY

 Name:
 STONE, MICHELLE
 Name:
 BURKE, TONY

 Address:
 5170 NW 110TH AVENUE
 Address:
 2574 NE 32ND PLACE

 City-St-Zip:
 OCALA, FL 34482 US
 City-St-Zip:
 OCALA, FL 34479 US

Title: T () Delete Title: () Change () Addition

 Name:
 PATTERSON, PAT
 Name:

 Address:
 1989 NW 111TH LOOP
 Address:

 City-St-Zip:
 OCALA, FL 34475 US
 City-St-Zip:

Title: S () Delete Title: S (X) Change () Addition

Name: MCGEE, MARJORIE Name: REYNOLDS, SUZANNE

Address: 2159 SE 7TH TERRACE Address: FAIROAKS B6, 1111 LAKE SHORE DRIVE

 City-St-Zip:
 OCALA, FL 34471 US
 City-St-Zip:
 EUSTIS, FL 32726 US

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID E. WILLIAMS P 04/05/2007