

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 A
Secretary of State

DOCUMENT # N06000001983

1. Entity Name
**WEST LEESBURG COMMUNITY DEVELOPMENT
CORPORATION**



Principal Place of Business
**900 MCCORMACK STREET
LEESBURG, FL 34748**

Mailing Address
**900 MCCORMACK STREET
LEESBURG, FL 34748**



02032008 No Chg-NP CR2E037 (4/06)

4. FEI Number
51-0567649

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BERRY, AGNES S
900 MCCORMACK 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

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, 2008**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

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

10. OFFICERS AND DIRECTORS

TITLE DP
NAME BERRY, AGNES S
STREET ADDRESS 900 MCCORMACK STREET
CITY-ST-ZIP LEESBURG, FL 34748

TITLE DV
NAME ROWELL, MARY D
STREET ADDRESS 1017 BEECHER STREET
CITY-ST-ZIP LEESBURG, FL 34748

TITLE DS
NAME ARNOLD, ELIZABETH A
STREET ADDRESS 1014 GEORGIA AVENUE
CITY-ST-ZIP LEESBURG, FL 34748

TITLE DT
NAME CONNER, ABRAHAM
STREET ADDRESS 910 GEORGIA AVENUE
CITY-ST-ZIP LEESBURG, FL 34748

TITLE D
NAME BLACKMON, CHESTER A
STREET ADDRESS 710 CASCADE AVENUE
CITY-ST-ZIP LEESBURG, FL 34748

TITLE D
NAME JOHNSON, JOHN L
STREET ADDRESS 1070 TUSKEGEE STREET
CITY-ST-ZIP LEESBURG, FL 34748

U00000822928
02/20/08-80018-017 61.25

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-8-08 352-787-2896