2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2009
Secretary of State

DOCUMENT# N06000001983

Entity Name: WEST LEESBURG COMMUNITY DEVELOPMENT CORPORATION

Current Principal Place of Business:

900 MCCORMACK STREET
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

900 MCCORMACK STREET
LEESBURG, FL 34748

New Mailing Address:

FEI Number: 51-0567649 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BERRY, AGNES S
900 MCCORMACK STREET
LEESBURG, FL 34748 US

Name and Address of New Registered Agent:

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:

Title:	DP	( ) Delete
Name:	BERRY, AGNES S	
Address:	900 MCCORMACK STREET	
City-St-Zip:	LEESBURG, FL 34748	
Title:	DV	( ) Delete
Name:	ROWELL, MARY D	
Address:	1017 BEECHER STREET	
City-St-Zip:	LEESBURG, FL 34748	
Title:	DS	( ) Delete
Name:	ARNOLD, ELIZABETH A	
Address:	1014 GEORGIA AVENUE	
City-St-Zip:	LEESBURG, FL 34748	
Title:	DT	( ) Delete
Name:	CONNER, ABRAHAM	
Address:	910 GEORGIA AVENUE	
City-St-Zip:	LEESBURG, FL 34748	
Title:	D	( ) Delete
Name:	BLACKMON, CHESTER A	
Address:	710 CASCADE AVENUE	
City-St-Zip:	LEESBURG, FL 34748	
Title:	D	( ) Delete
Name:	JOHNSON, JOHN L	
Address:	1070 TUSKEGEE STREET	
City-St-Zip:	LEESBURG, FL 34748	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: AGNES S BERRY MS 02/11/2009

Electronic Signature of Signing Officer or Director — Date