2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 26, 2008
Secretary of State

DOCUMENT# N07000008415

Entity Name: LEADERSHIP LAKE COUNTY, INC.

Current Principal Place of Business:

24919 TURKEY LAKE ROAD
HOWEY IN THE HILLS, FL 34737

New Principal Place of Business:

Current Mailing Address:

24919 TURKEY LAKE ROAD
HOWEY IN THE HILLS, FL 34737

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PERRY, BARBARA A
24919 TURKEY LAKE ROAD
HOWEY IN THE HILLS, FL 34737 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: BARBARA A. PERRY
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	CHMR	( ) Delete
Name:	PISCIOTTA, KELLY	
Address:	710 S BAY STREET	
City-St-Zip:	EUSTIS, FL 32726	
Title:	VC	( ) Delete
Name:	MIDDLETON, MICHELL	
Address:	240S HIGHLAND STREET	
City-St-Zip:	MT DORA, FL 32757	
Title:	TREA	( ) Delete
Name:	PERRY, MIKE	
Address:	107 N. LAKE AVENUE	
City-St-Zip:	TAAVARES, FL 32778	
Title:	D	( ) Delete
Name:	KEEDY, DOTTIE	
Address:	315 W MAIN STREET	
City-St-Zip:	TAVARES, FL 32778	
Title:	D	( ) Delete
Name:	COLLIER, GREG	
Address:	4295 W OLD US HWY 441	
City-St-Zip:	MT DORA, FL 32757	
Title:	D	( ) Delete
Name:	PADGETT, GREG	
Address:	204 N. 3RD 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:	TREA	(X) Change ( ) Addition
Name:	PERRY, MIKE	
Address:	107 N. LAKE AVENUE	
City-St-Zip:	TAVARES, FL 32778	
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: KELLY PISCIOTTA CHMR 10/26/2008
Electronic Signature of Signing Officer or Director — Date