2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23088

FILED Apr 09, 2008 Secretary of State

Entity Name: LEESBURG BOATING CLUB, INC.

Current Principal Place of Business:			New P	New Principal Place of Business:		
P O BOX 491043 LEESBURG, FL 347498043 US				ER CIRCLE URG, FL 3474	8 US	
Current Mailing Address:			New M	New Mailing Address:		
P O BOX 4 LEESBUR	91043 G, FL 3474980	43 US				
FEI Number:	59-2328353	FEI Number Applied For()	FEI Number Not	Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name	and Address o	of New Registered Agent:	
LEESBURG	MANDY WAY G, FL 34748	US ubmits this statement for the pu	rpose of changi	ng its registere	d office or registered agent, or both,	
SIGNATUF	8E∙					
01014/1101		c Signature of Registered Ager	t		Date	
OFFICERS AND DIRECTORS:			ADDIT	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () MEDLEY, MARK 118 LEE STREE LEESBURG, FL	T .	Title: Name: Address: City-St-Z		() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () BENNETT, MARI POST OFFICE E LEESBURG, FL	3OX 491411	Title: Name: Address: City-St-Z			
Title: Name: Address: City-St-Zip:	D () HILL, JIM 1204 S. 8TH ST. LEESBURG, FL		Title: Name: Address: City-St-Z		DRIVE	
Title: Name: Address: City-St-Zip:	TD () KNOWLES, STE POB 492241 LEESBURG, FL		Title: Name: Address: City-St-Z		() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () BENNETT, PENN POST OFFICE E LEESBURG, FL	3OS 491411	Title: Name: Address: City-St-Z		HORE DRIVE	
Title: Name: Address: City-St-Zip:	D () MEDLEY, JANE 118 LEE STREE LEESBURG, FL		Title: Name: Address: City-St-Z		STREET	

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: STEVE KNOWLES TD 04/09/2008