

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N28774** (0)

1. Corporation Name

LEESBURG ART FESTIVAL, INC.

Principal Place of Business

Mailing Address

**1514 N LAKEVIEW AVE.
LEESBURG FL 34748
US**

**P.O. BOX 492857
LEESBURG FL 34749-2857
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/17/1988		3a. Date of Last Report 01/29/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 58-1830071		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KIGHT, JOY
4315 LAKE STREET-HELENA COVE
LEESBURG FL 34748**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCHANAN, BONNIE	1.2 NAME	
STREET ADDRESS	920 CEDAR CIRCLE	1.3 STREET ADDRESS	10321 SUMMIT SQUARE DR.
CITY-ST-ZIP	TAVARES FL	1.4 CITY-ST-ZIP	Leesburg, FL 34788
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLACKMON, CHET	2.2 NAME	
STREET ADDRESS	311 W MAGNOLIA AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL	2.4 CITY-ST-ZIP	34748
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEULER, GLORIA	3.2 NAME	
STREET ADDRESS	16717 E SHIRLEY SHORES RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAVARES FL	3.4 CITY-ST-ZIP	32778
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIGHT, JOY	4.2 NAME	
STREET ADDRESS	4315 LAKE ST - HELENA COVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL	4.4 CITY-ST-ZIP	34748
TITLE	TC <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WATTS, LINDA	5.2 NAME	
STREET ADDRESS	1514 N LAKEVIEW AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL	5.4 CITY-ST-ZIP	34748
TITLE	VP <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STILES, NONA	6.2 NAME	VP D
STREET ADDRESS	1102 S 9TH ST	6.3 STREET ADDRESS	DAVID KNOWLES
CITY-ST-ZIP	LEESBURG FL	6.4 CITY-ST-ZIP	1405 S. 14th ST. Leesburg FL 34748

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

[Signature] 1-29-97 363-336-4217

CR2E037 (9/96)