


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 04 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N28774 (0)**

1. Corporation Name  
**LEESBURG ART FESTIVAL, INC.**



Principal Place of Business 1514 N LAKEVIEW AVE. LEESBURG FL 34748 US	Mailing Address P.O. BOX 492857 LEESBURG FL 34749-2857 US
--	--

3. Date Incorporated or Qualified <b>10/17/1988</b>	
4. FEI Number <b>58-1830071</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name **Robert C. Billings**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**1430 Third Street**  
 83  
 84 City **Leesburg** FL 85 Zip Code **34748**

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 Robert C. Billings DATE 1/27/98

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	BUCHANAN, BONNIE	
STREET ADDRESS	10321 SUMMIT SQUARE DR	
CITY-ST-ZIP	LEESBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLACKMON, CHET	
STREET ADDRESS	311 W MAGNOLIA AVE	
CITY-ST-ZIP	LEESBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MEULER, GLORIA	
STREET ADDRESS	16717 E SHIRLEY SHORES RD	
CITY-ST-ZIP	TAVARES FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	KIGHT, JOY	
STREET ADDRESS	4315 LAKE ST - HELENA COVE	
CITY-ST-ZIP	LEESBURG FL	
TITLE	TC	<input type="checkbox"/> DELETE
NAME	WATTS, LINDA	
STREET ADDRESS	1514 N LAKEVIEW AVE	
CITY-ST-ZIP	LEESBURG FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	KNOWLES, DADIV	
STREET ADDRESS	1405 S 14 ST	
CITY-ST-ZIP	LEEURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>913 N. Rockingham Ave.</b>
1.4 CITY-ST-ZIP	<b>TAVARES, FL 32778</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>P Robert C. Billings</b>
4.3 STREET ADDRESS	<b>1430 Third St.</b>
4.4 CITY-ST-ZIP	<b>Leesburg, FL 34748</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Knowles, David</b>
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: Linda Watts **QUITTED** Treasurer **352-326-4217**

CFR2E037 (10/97)