


FILE NOW: FILING FEE IS \$61.25

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Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90088 009 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N28774					
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		



2. Principal Place of Business 21 111 South 5th st. Suite, Apt. #, etc. 22 City & State 23 Leesburg FL Zip Country 24 34748 25 US		2a. Mailing Address 26 P.O. Box 490043 Suite, Apt. #, etc. 27 City & State 28 Leesburg FL Zip Country 29 34749 30 US		3. Date Incorporated or Qualified 10/17/1988 4. FEI Number 58-1830071 Applied For Not Applicable																																																																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		7. Trust Fund Contribution																																																																									
9. Name and Address of Current Registered Agent BILLINGS, ROBERT C 1430 THIRD STREET LEESBURG FL 34748			10. Name and Address of New Registered Agent 81 Name Hargrove, Jack H 82 Street Address (P.O. Box Number is Not Acceptable) 111 South 5th 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 <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE 3/2/99																																																																													
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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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

3-2/99

Date

Daytime Phone #

CR2E037 (11/98)