2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2006
Secretary of State

DOCUMENT# N28774

Entity Name: LEESBURG ART FESTIVAL, INC.

Current Principal Place of Business:

429 W. MAGNOLIA STREET
LEESBURG, FL 34748 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 492857
LEESBURG, FL 34749 US

New Mailing Address:

FEI Number: 58-1830071 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRIFFIN, AMY
429 W. MAGNOLIA STREET
LEESBURG, FL 34748 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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete
Name: COUTURE, HENRI
Address: 429 W. MAGNOLIA STREET
City-St-Zip: LEESBURG, FL 34748

Title: VP/D ( ) Delete
Name: COOK, KATHY
Address: 429 W. MAGNOLIA STREET
City-St-Zip: LEESBURG, FL 34748

Title: T/D ( ) Delete
Name: CAROL, KIMBALL
Address: 429 W. MAGNOLIA STREET
City-St-Zip: LEESBURG, FL 34748

Title: S/D ( ) Delete
Name: GRIZZARD, LINDA
Address: 429 W. MAGNOLIA STREET
City-St-Zip: LEESBURG, FL 34748

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP/D (X) Change ( ) Addition
Name: BEEBE, TERRY
Address: 429 W. MAGNOLIA STREET
City-St-Zip: LEESBURG, FL 34748

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 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: HENRI COUTURE P/D 01/03/2006

Electronic Signature of Signing Officer or Director — Date