

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N45651** (9)

1. Corporation Name

LINDA PIERCE LEONARD FOUNDATION, INC.



Principal Place of Business 20 WINCHESTER ROAD ORMOND BEACH FL 32174	Mailing Address 20 WINCHESTER ROAD ORMOND BEACH FL 32174
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3. Date Incorporated or Qualified

10/17/1991

4. FEI Number

59-3096528

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 **457 Greenleaf Square**

27 **457 Greenleaf Square**

23 **Port Orange, FL**

28 **Port Orange, FL**

24 **32127**

29 **32127**

25

30

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCKINNON, NOAH C JR
595 W GRANADA BLVD
SUITE A
ORMOND BEACH FL 32175**

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

TITLE	PCSD	<input type="checkbox"/> DELETE
NAME	LEONARD, LINDA PIERCE	
STREET ADDRESS	20 WINCHESTER RD	
CITY-ST-ZIP	ORMOND BEACH FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	PIERCE, CHARLES D.	
STREET ADDRESS	20 WINCHESTER RD	
CITY-ST-ZIP	ORMOND BEACH FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	RANDELL, JEAN T	
STREET ADDRESS	721 S BEACH STREET	
CITY-ST-ZIP	DAYTONA BEACH FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PCSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LEONARD, LINDA PIERCE	
1.3 STREET ADDRESS	457 GREENLEAF SQUARE	
1.4 CITY-ST-ZIP	PORT ORANGE, FL 32127	

2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PIERCE, CHARLES D.	
2.3 STREET ADDRESS	457 GREENLEAF Square	
2.4 CITY-ST-ZIP	PORT ORANGE, FL 32127	

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 type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 Pierce Leonard 6-7-98 9047568847

CR2E037 (10/97)