

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003076

FILED
Jan 05, 2011
Secretary of State

Entity Name: LEESBURG PARTNERSHIP, INC.

Current Principal Place of Business:

401 W MAGNOLIA ST
LEESBURG, FL 34748 US

New Principal Place of Business:

401 WEST MAGNOLIA STREET
LEESBURG, FL 34748 US

Current Mailing Address:

P O BOX 490043
LEESBURG, FL 347490043 US

New Mailing Address:

PO BOX 490043
LEESBURG, FL 347490043 US

FEI Number: 59-3255632

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMILTON, WYLIE V-PRES
1229 WEST MAIN STREET
LEESBURG, FL 34748 US

Name and Address of New Registered Agent:

HAMILTON, WYLIE PRES
1229 WEST MAIN STREET
LEESBURG, FL 34748 US

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: WYLIE HAMILTON

01/05/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D/P
Name: HAMILTON, WYLIE PRES
Address: 1229 WEST MAIN STREET
City-St-Zip: LEESBURG, FL 34748

Title: D/V
Name: BRAUN, PHILIP V-PRES
Address: 600 EAST DIXIE AVENUE
City-St-Zip: LEESBURG, FL 34788

Title: D/S
Name: THORPE, GREG SECR
Address: PO BOX 490861
City-St-Zip: LEESBURG, FL 34749

Title: D/T
Name: KNOWLES, STEVE TREAS
Address: 903 WEST NORTH BOULEVARD
City-St-Zip: LEESBURG, FL 34748

Title: D/PP
Name: WALLACE, RON P-PRES
Address: 212 EAST MAIN STREET
City-St-Zip: LEESBURG, FL 34748

I hereby 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 all other like empowered.

SIGNATURE: WYLIE HAMILTON

PRES

01/05/2011

Electronic Signature of Signing Officer or Director

Date