


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2007 08:00 AM
Secretary of State

DOCUMENT # N95000002204 1. Entity Name M.A.D. D.A.D.S. OF GREATER LEESBURG, INC.		
Principal Place of Business 107 W MAIN ST SUITE A TAVARES, FL 32778 US	Mailing Address P.O. BOX 493921 LEESBURG, FL 34749	



02132007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3323263	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

JOHNSON, CHARLES D
907 WEBSTER STREET
LEESBURG, FL 34748

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, JESSIE L P.O. BOX 492028 LEESBURG, FL 34749
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, RUBY P.O. BOX 491033 LEESBURG, FL 34749
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNSON, LESLIE 1070 TUSKEGEE ST LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLIAMS, THEODIS 6720 N FERN CIRCLE LEESBURG, FL 34749
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, MARY 1108 CROSBY STREET LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUSSELL, JUANITA 1214 PAMELA ST LEESBURG, FL 34748

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03/29/07-80089-003 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

Jessie L Smith JESSIE L. SMITH

2-16-07 352 408 6049

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #