

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002204

FILED
Feb 20, 2008
Secretary of State

Entity Name: M.A.D. D.A.D.S. OF GREATER LEESBURG, INC.

Current Principal Place of Business:

107 W MAIN ST
SUITE A
TAVARES, FL 32778 US

New Principal Place of Business:

2287 LAKE POINTE CIRCLE
LEESBURG, FL 34748 US

Current Mailing Address:

P.O. BOX 493921
LEESBURG, FL 34749

New Mailing Address:

FEI Number: 59-3323263 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, CHARLES D
907 WEBSTER 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: PD () Delete
Name: SMITH, JESSIE L
Address: P.O. BOX 492028
City-St-Zip: LEESBURG, FL 34749

Title: D () Delete
Name: MITCHELL, RUBY
Address: P.O. BOX 491033
City-St-Zip: LEESBURG, FL 34749

Title: T () Delete
Name: JOHNSON, LESLIE
Address: 1070 TUSKEGEE ST
City-St-Zip: LEESBURG, FL 34748

Title: VP () Delete
Name: WILLIAMS, THEODIS
Address: 6720 N FERN CIRCLE
City-St-Zip: LEESBURG, FL 34749

Title: D () Delete
Name: TURNER, MARY
Address: 1108 CROSBY STREET
City-St-Zip: LEESBURG, FL 34748

Title: SD () Delete
Name: RUSSELL, JUANITA
Address: 1214 PAMELA ST
City-St-Zip: LEESBURG, FL 34748

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: SD (X) Change () Addition
Name: TURNER, JAMES
Address: 1108 CROSBY STREET
City-St-Zip: LEESBURG, FL 34748

I hereby certify that the information supplied with this filing does not qualify 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: JESSIE L SMITH

PD

02/20/2008

Electronic Signature of Signing Officer or Director

Date