

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90139 010 ****61.25

DOCUMENT # N96000003245

1. Entity Name
LEESBURG AREA CHAMBER FOUNDATION, INC.



Principal Place of Business
**103 S 6TH STREET
LEESBURG, FL 34748 US**

Mailing Address
**P.O. BOX 490309
LEESBURG, FL 34749-0309**



01032006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3428422

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RICHEY, STEVEN J
601 SOUTH NINTH ST.
LEESBURG, FL 34748**

7. Name and Address of New Registered Agent

Name **JAN K. ZACHARCHUK**
Street Address (P.O. Box Number is Not Acceptable) **103 SOUTH SIXTH STREET**
City **LEESBURG** FL Zip Code **34749**

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

(NOTE: Registered Agent signature required when reinstating)

2/13/06
DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **ED** ☒ Delete
NAME **DEESE, BILL**
STREET ADDRESS **103 SOUTH 6TH STREET**
CITY-ST-ZIP **LEESBURG, FL 34748**

TITLE **SD**
NAME **RICHEY, STEVEN**
STREET ADDRESS **601 SOUTH NINTH ST.**
CITY-ST-ZIP **LEESBURG, FL 34748**

TITLE **D** ☐ Delete
NAME **RIDDLE, JANET**
STREET ADDRESS **115 N CANAL STREET**
CITY-ST-ZIP **LEESBURG, FL 34748**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **ED** ☐ Change ☒ Addition
NAME **JAN E. ZACHARCHUK**
STREET ADDRESS **103 SOUTH SIXTH STREET**
CITY-ST-ZIP **LEESBURG, FL 34749**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/3/06 352-787-2131