

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003746

FILED
Jan 25, 2011
Secretary of State

Entity Name: LEADERSHIP GAINESVILLE ALUMNI ASSOCIATION, INC.

Current Principal Place of Business:

300 EAST UNIVERSITY AVE
SUITE 100
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

9200 NW 36TH PLACE
#A
GAINESVILLE, FL 32606

New Mailing Address:

PO BOX 1561
GAINESVILLE, FL 32602

FEI Number: 59-3389975

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELCH, DAVID S
2951 SE 24TH PLACE
GAINESVILLE, FL 32641 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: P
Name: COSTELLO, SCOTT
Address: 5512 NW 51ST AVE.
City-St-Zip: GAINESVILLE, FL 32653

Title: VP
Name: MAC DONALD, EMILEE
Address: 705 NE 10TH PLACE
City-St-Zip: GAINESVILLE, FL 32601

Title: PP
Name: MITROOK, KIM
Address: 5204 SW 81ST DR
City-St-Zip: GAINESVILLE, FL 32608

Title: T
Name: ANCHORS, CHARLES W JR
Address: 5204 SW 81ST DRIVE
City-St-Zip: GAINESVILLE, FL 32608

Title: S
Name: WHITAKER, BRITTE B
Address: 5512 SW 35TH WAY
City-St-Zip: GAINESVILLE, FL 32608

Title: PE
Name: ZIMEK, PETER A
Address: 2242 NW 29TH AVE.
City-St-Zip: GAINESVILLE, FL 32605

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: CHARLES W ANCHORS, JR.

T

01/25/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date