

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90075 026 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N97000003983

1. Corporation Name
COMMUNITY DEVELOPMENT CORPORATION OF LEESBURG & VICINITY

Principal Place of Business 1012 EAST LINE ST. LEESBURG FL 34748	Mailing Address 1012 EAST LINE ST. LEESBURG FL 34748
--	--



2. Principal Place of Business 21 311 Pine Street Suite, Apt. #, etc.	2a. Mailing Address 26 311 Pine Street Suite, Apt. #, etc.	3. Date Incorporated or Qualified 07/11/1997
22 City & State 23 Leesburg, FL	27 City & State 28 Leesburg, FL	4. FEI Number 59-3455505 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
24 32748 25 Lake	29 34748 30 Lake	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent MIDDLETON, ARTHUR SR. 1012 EAST LINE ST. LEESBURG FL 34748		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent MIDDLETON, ARTHUR SR. 1012 EAST LINE ST. LEESBURG FL 34748		10. Name and Address of New Registered Agent	
81 Name Celestine S. Wright	82 Street Address (P.O. Box Number is Not Acceptable) 311 Pine Street	83	84 City Leesburg
		85 Zip Code FL 34748	

11. Pursuant to the provisions of Sections 817.0502 and 817.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 817.1505, Florida Statutes.

SIGNATURE Celestine S. Wright, Outreach Specialist DATE 1/29/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MIDDLETON, ARTHUR SR.		1.2 NAME Williams, Dannie	
STREET ADDRESS 1012 EAST LINE ST.		1.3 STREET ADDRESS 2005 Johns Avenue	
CITY-ST-ZIP LEESBURG FL 34748		1.4 CITY-ST-ZIP Leesburg, FL 34748	
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WARE, CHARLIE		2.2 NAME Rojas, Mazie	
STREET ADDRESS 1012 EAST LINE ST.		2.3 STREET ADDRESS 107 Lake Street	
CITY-ST-ZIP LEESBURG FL 34748		2.4 CITY-ST-ZIP Leesburg, FL 34748	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HIRE, EDISON		3.2 NAME	
STREET ADDRESS 1012 EAST LINE ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP LEESBURG FL 34748		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WARD, MARGARET		4.2 NAME	
STREET ADDRESS 401 N. MILLS ST.		4.3 STREET ADDRESS	
CITY-ST-ZIP LEESBURG FL 34748		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WATSON, CHARLES		5.2 NAME	
STREET ADDRESS 1000 E LINE STREET		5.3 STREET ADDRESS	
CITY-ST-ZIP LEESBURG FL 34748		5.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SAMUEL, CAROLYN		6.2 NAME	
STREET ADDRESS 201 N EAST ST		6.3 STREET ADDRESS	
CITY-ST-ZIP LEESBURG FL 34748		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Arthur E. Middleton, Sr. DATE 1/29/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

352-314-8868

CR2E037 (1/88)