2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State
04-10-2006 90334 024 ****61.25

50010603

DOCUMENT # N98000007193

1. Entity Name
COMMUNITY LEADS AND NEEDS, INC.

Principal Place of Business
P.O. BOX 121162
CLERMONT, FL 34712

Mailing Address
P.O. BOX 121162
CLERMONT, FL 34712

04022006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business
3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 59-3555099 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

EARLY, CAROL
12836 LAKESHORE DRIVE
CLERMONT, FL 34711

7. Name and Address of New Registered Agent

Name: Paul Roche
Street Address (P.O. Box Number is Not Acceptable): 3862 Fallcrest Circle
City: Clermont FL Zip Code: 34711

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 X Paul Roche III

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D ROCHE, PAUL III 1710 E HWY 50 CLERMONT, FL 34711	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	President D Paul Roche 3862 Fallscrest Circle Clermont, FL 34711	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D LIGHTCAP, STEVE 1698 SECOND ST CLERMONT, FL 34711	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VICE PRESIDENT D John Shafter 9544 Louisa Woods Clermont, FL 34711	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P EARLY, CAROLE 740 LAKE AVE CLERMONT, FL 34711	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Secretary D Beverly Early 15526 Royal Oak Ct Clermont, FL 34711	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	T WHITLOCK, ANN 541 WHITLOCK STREET MASCOTTE, FL 34753	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Treasurer D Barbara Early 844 Lake Ave Clermont, FL 34711	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D MOORE, BRUCE 13351 WHISPER BAY DR CLERMONT, FL 34711	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D Carole Early MD. 12836 Lakeshore Dr. Clermont, FL 34711	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	S EARLY, BEVERLY 15526 ROYAL OAK CT CLERMONT, FL 34711	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D Mary Jane Sales 288 Seminole St Clermont, FL 34711	☐ Change ☐ Addition

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: Barbara A Early / Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR