

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007193

FILED
Apr 18, 2007
Secretary of State

Entity Name: COMMUNITY LEADS AND NEEDS, INC.

Current Principal Place of Business:

P.O. BOX 121162
CLERMONT, FL 34712

New Principal Place of Business:

1698 SECOND ST.
CLERMONT, FL 34711

Current Mailing Address:

P.O. BOX 121162
CLERMONT, FL 34712

New Mailing Address:

FEI Number: 59-3555099 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ROCHE, PAUL
3862 FALLCREST CIRCLE
CLERMONT, FL 34711 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: ROCHE, PAUL
Address: 3862 FALLCREST CIRCLE
City-St-Zip: CLERMONT, FL 34711

Title: VPD () Delete
Name: SHAFTER, JOHN
Address: 9544 LOUISA WOODS
City-St-Zip: CLERMONT, FL 34711

Title: P () Delete
Name: EARLY, BEVERLY
Address: 15526 ROYAL OAK CT
City-St-Zip: CLERMONT, FL 34711

Title: TD () Delete
Name: EARLY, BARBARA
Address: 844 LAKE AVE
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: EARLY, CAROLE MD
Address: 12836 LAKESHORE DR
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: SALES, MARY JANE
Address: 288 SEMINOLE ST
City-St-Zip: CLERMONT, FL 34711

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
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Address:
City-St-Zip:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: BEVERLY EARLY

P

04/18/2007

Electronic Signature of Signing Officer or Director

Date