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**May 11, 1999 8:00 am**  
**Secretary of State**

05-11-1999 90045 016 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F94000005291**

1. Corporation Name

**LEADERSHIP TRAINING INTERNATIONAL, INC.**

545548 - 90045 - 16

Principal Place of Business

807 SW 3RD AVE  
SUITE A-1  
OCALA FL 34474  
US

Mailing Address

PO BOX 6769  
OCALA FL 34478



2. Principal Place of Business

21 **3899 S.E. 59th PLACE**

2a. Mailing Address

26 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

**10/12/1994**

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

4. FEI Number

**75-1772070**

Applied For

Not Applicable

23 City & State

**OCALA, FL**

28 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

24 Zip **34480** 25 Country **USA**

29 Zip **34480** 30 Country **USA**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

CASSIDY, MARY ANN

~~807 SW 3RD AVE, SUITE A-1  
OCALA FL 34478~~

**3899 S.E. 59th PLACE  
OCALA, FL 34480**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P**  
CASSIDY, RAYMOND B  
STREET ADDRESS **807 SW 3RD AVE SUITE A-1**  
CITY-ST-ZIP **OCALA FL**

TITLE ☒ DELETE

NAME **V**  
SMOOT, DAVID M  
STREET ADDRESS **807 SW 3RD AVE SUITE A-1**  
CITY-ST-ZIP **OCALA FL**

TITLE ☐ DELETE

NAME **ST**  
CASSIDY, MARY A  
STREET ADDRESS **807 SW 3RD AVENUE SUITE A-1**  
CITY-ST-ZIP **OCALA FL**

TITLE ☐ DELETE

NAME **D**  
GROTH, JENNIFER O  
STREET ADDRESS **807 SW 3RD AVE SUITE A-1**  
CITY-ST-ZIP **OCALA FL**

TITLE ☐ DELETE

NAME **D**  
DIXON, STEVE  
STREET ADDRESS **1285 MILLSAP ROAD**  
CITY-ST-ZIP **FAYETTEVILLE AR 72703**

TITLE ☐ DELETE

NAME **D**  
WICKWARE, LORELL M  
STREET ADDRESS **2805 MEDINA DRIVE**  
CITY-ST-ZIP **TYLER TX 75701**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS **3899 S.E. 59th PLACE**  
1.4 CITY-ST-ZIP **OCALA, FL 34480**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS **3899 S.E. 59th PLACE**  
3.4 CITY-ST-ZIP **OCALA, FL 34480**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME **D**  
4.3 STREET ADDRESS **WARRIOR, JENNIFER O.**  
4.4 CITY-ST-ZIP **501 N. OCEAN BLVD. APT. 3**  
**BOCA RATON, FL 33432**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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 617, 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: **Mary Ann Cassidy** **RECOMMENDED** **ANN CASSIDY** **4/29/99** **352-732-3165**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

545548-90045-16

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13. CONTINUED

OFFICERS & DIRECTORS

7.1 TITLE	D	<input checked="" type="checkbox"/> ADDITION
7.2 NAME	ENO DANTIN	
7.3 STREET ADDRESS	166 W. 192 <sup>nd</sup>	
7.4 CITY, ST., ZIP	GALIANO, LA 70354	
8.1 TITLE	D	<input checked="" type="checkbox"/> ADDITION
8.2 NAME	HAROLD EILAND	
8.3 STREET ADDRESS	408 W. 41 <sup>st</sup> ST.	
8.4 CITY, ST., ZIP	CUT OFF, LA 70345	