2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 08:00 AM
Secretary of State

DOCUMENT # F94000005291

1. Entity Name
LEADERSHIP TRAINING INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
221 E GLENEAGLES ROAD OCALA, FL 34472 US	PO BOX 6769 OCALA, FL 34478

DO NOT WRITE IN THIS SPACE

05052004 No Chg-NP CR2E037 (10/03)

4. FEI Number
75-1772070
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CASSIDY, MARY ANN
221 E GLENEAGLES ROAD
OCALA, FL 34472

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CASSIDY, RAYMOND B
STREET ADDRESS	221 E GLENEAGLES ROAD
CITY-ST-ZIP	OCALA, FL 34472
TITLE	D
NAME	EILAND, HAROLD
STREET ADDRESS	408 N 41ST ST.
CITY-ST-ZIP	CUT OFF, LA 70345
TITLE	ST
NAME	CASSIDY, MARY A
STREET ADDRESS	221 E GLENEAGLE ROAD
CITY-ST-ZIP	OCALA, FL 34472
TITLE	D
NAME	WARRIOR, JENNIFER
STREET ADDRESS	495 NE 12 STREET
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	D
NAME	BARKLEY, BRON L
STREET ADDRESS	2215 HIDDEN CREEK DRIVE
CITY-ST-ZIP	HUMBLE, TX 77339
TITLE	D
NAME	WICKWARE, LORELL M
STREET ADDRESS	2805 MEDINA DRIVE
CITY-ST-ZIP	TYLER, TX 75701

UD0000158317
05/07/04-80016-017 61.25

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12. 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 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: Mary Ann Cassidy MARY ANN CASSIDY 5/5/04 352-732-3165
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #