

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90031 048 ****61.25

DOCUMENT # F94000005291

1. Entity Name
LEADERSHIP TRAINING INTERNATIONAL, INC.



Principal Place of Business

221 E GLENEAGLES ROAD
OCALA FL 34472
US

Mailing Address

PO BOX 6769
OCALA FL 34478

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

CASSIDY, MARY ANN
221 E GLENEAGLES ROAD
OCALA FL 34472

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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 **P** ☐ Delete
NAME **CASSIDY, RAYMOND B**
STREET ADDRESS **221 E GLENEAGLES ROAD**
CITY-ST-ZIP **OCALA FL 34472**

TITLE ☐ Change ☒ Addition
NAME **Bankley, Bron L.**
STREET ADDRESS **2215 Hidden Creek Drive**
CITY-ST-ZIP **Kingwood, TX 71339**

TITLE **D** ☐ Delete
NAME **EILAND, HAROLD**
STREET ADDRESS **408 N 41ST ST.**
CITY-ST-ZIP **CUT OFF LA 70345**

TITLE ☐ Change ☒ Addition
NAME **Blackwell, Dennis**
STREET ADDRESS **P.O. Box 878, Central Ave.**
CITY-ST-ZIP **Grand Isle, LA 70358**

TITLE ☐ Delete
NAME **CASSIDY, MARY A**
STREET ADDRESS **221 E GLENEAGLE ROAD**
CITY-ST-ZIP **OCALA FL 34472**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **WARRIOR, JENNIFER**
STREET ADDRESS **495 NE 12 STREET**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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**

4/28/03

352-732-3165

CR2E037 (10/02)