## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # N00000006292

1. Entity Name
NONPROFIT LEADERSHIP CENTER OF TAMPA BAY, INC.



INC.	THE LEADER OF THE SERVICE OF THE SER	01 17.00171.0711,		TE					
Principal Place of Business 1111 N. WESTSHORE BLVD. SUITE 215 TAMPA, FL 33607-4711		Mailing Address 1111 N. WESTSHORE BLVD. SUITE 215 TAMPA. FL 33607-4711			фуното				
IMMEA, EL S	33007-4711	1AMPA, FL 33007-471	I						
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04262007	hg-NP	CR2E037	7 (12/06)	
City & State		City & State			4. FEI Number 59-36710	47			plied For at Applicable
Zip	Country	Zip	Country		5. Certificate of S	status Desired		8.75 Add ee Required	
	6. Name and Address of Current R	egistered Agent			7. Name and Ad	dress of New R	egistered A	gent	
LISENBY,	CHELLIE Nonprofit Leo	dership Center	Name T		_				
MANAGEN	MENT ASSISTANCE PROGRAM ESTSHORE BLVD., SUITE 215	HINE. Tamas B.	0	ddress (F	P.O. Box Number is	Not Acceptable	)		
	L 33607-4711	Inc.							
			City				FL	Zip Code	е
8. The above	named entity submits this statement for	the purpose of changing its r	registered office or	r registere	ed agent, or both, i	n the State of Flo	rida. I am fa	miliar with,	and accept
the obligat	ions of registered agent.								
SIGNATURE .									
516(1) (15(12)	Signature, typed or printed name of registered agent an	nd title if applicable. (NOTE	Registered Agent signat	ure required	when reinstating)		DATE		
	Signature, typed or printed name of registered agent an	- <u>                                    </u>	Registered Agent signat	ure required	when reinstating)	1	DATE		
	Signature, typed or printed name of registered agent an Filling Fee Is \$61.25 Due by May 1, 2007	- <u>                                    </u>	paign Financing		\$5.00 May Be Added to Fees		DATE ake check ide Departs		
10.	Filing Fee Is \$61.25 Due by May 1, 2007 OFFICERS AND DIRE	9. Election Cam Trust Fund C	paign Financing		\$5.00 May Be	Flori	ake check Ida Departi	ment of St	10
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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: \_

SIGNATURE AND TYPESOR PRINTED NAME OF SIGNING OFFICER OR SPRECTOR

4/27/07 813.719.7523

Apr 30, 2007 8:00 am Secretary of State

04-30-2007 90396 040 \*\*\*\*70.00

## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

## ATTACHMENT

DOCUMENT # N0000006292  1. Entity Name NONPROFIT LEADERSHIP CENTER OF TAMPA BAY, INC.								.0111812141		
	ce of Business STSHORE BL	VD.	1111 Suite	Address N. WESTSHORE   215 PA, FL 33607-47			110	-)8 188 <i>i</i>	<u> </u>	
2. Principal F	Place of Busin	ess - No P.O. Box #	3. Mail	ing Address	•		7 700	70 1000		100
Suite, Apt.	. #, etc.		Sui	te, Apt. #, etc.			04092007 CI	ng-NP CR2E0	37 (12/06)	
City & State			Cit	City & State			F0 2674047			pplied For ot Applicable
Zip	Zip Country		Zip	ip Country		ntry	5. Certificate of St	atus Desired	\$8.75 Add Fee Require	ditional ed
	6. Name	and Address of Current	Registere	d Agent		Name	7. Name and Add	ress of New Registered	Agent	
1111 N. W	MENT ASS	SISTANCE PROGRA RE BLVD., SUITE 21 I711	5	Nenprafit Leadership Lenter of			s (P.O. Box Number is I	Not Acceptable)		
			٦	umpa Bay	Jn.	City		FL	Zip Cod	e
8. The above the obligat	e named entity itions of registe	y submits this statement for ered agent.	or the purpo	ose of changing its	registere	ed office or regis	tered agent, or both, in	the State of Florida. I am	familiar with,	, and accept
SIGNATURE	Signature, typed	or printed name of registered agent	and title if app	licable. (NOT	E. Registered	1 Agent signature requ	red when reinstating)	DATE		
								DATE		
	_	e is \$61.25 lay 1, 2007		9. Election Car Trust Fund (	. •		\$5.00 May Be Added to Fees	Make chec Florida Depar		, and the second
10.	Due by M		RECTORS	Trust Fund (	Contribution	on. 🗆	\$5.00 May Be Added to Fees ADDITIONS/CHANG	Make chec	tment of 8	N 10
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