

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morthem  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

**DOCUMENT # N93000005475 (9)**

1. Corporation Name

**LEADERSHIP SEMINOLE, INC.**

55 MAY - 1 PM 9: 29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
SEMINOLE COMMUNITY COLLEGE 100 WELDON BLVD. SANFORD FL 32772-6189	SEMINOLE COMMUNITY COLLEGE 100 WELDON BLVD. SANFORD FL 32772-6189

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>11/29/1993</b>	3a. Date of Last Report <b>08/26/1994</b>
4. FEI Number <b>59-3257486</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 169.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
Zip	Country
29	30

9. Name and Address of Current Registered Agent

**BLACKBURN, WILLIAM  
901 W. LAKE MARY BLVD.  
LAKE MARY FL 32746**

10. Name and Address of New Registered Agent

81 Name **Blackburn, William**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**4699 W. Lake Mary Blvd.**  
83  
84 City **Lake Mary** FL 85 Zip Code **32746**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE William Blackburn DATE 4/14/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACKBURN, WILLIAM	1.2 NAME	Blackburn, William
STREET ADDRESS	901 W. LAKE MARY BLVD.	1.3 STREET ADDRESS	4699 W, Lake Mary Blvd,
CITY-ST-ZIP	LAKE MARY FL 32746	1.4 CITY-ST-ZIP	Lake Mary, FL 32746
TITLE	CEO	2.1 TITLE	CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOREMAN, DOUGLAS	2.2 NAME	Wright, David
STREET ADDRESS	305 DOUGLAS AVE.	2.3 STREET ADDRESS	800 South Orlando Ave.
CITY-ST-ZIP	ALTA MONTE SPRINGS FL 32714	2.4 CITY-ST-ZIP	Maitland, FL 32751
TITLE	T	3.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUCKER, JERRY	3.2 NAME	Tucker, Jerry
STREET ADDRESS	200 SOUTH ORANGE AVE.	3.3 STREET ADDRESS	2301 Maitland Center Parkway
CITY-ST-ZIP	ORLANDO FL 32801	3.4 CITY-ST-ZIP	Maitland, FL 32751
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), 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.

SIGNATURE: William Blackburn DATE 4/14/95 407-444-2265

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
William Blackburn