

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000005475 (9)

1. Corporation Name

LEADERSHIP SEMINOLE, INC.



Principal Place of Business

Mailing Address

**SEMINOLE COMMUNITY COLLEGE
100 WELDON BLVD.
SANFORD FL 32772-6199**

**SEMINOLE COMMUNITY COLLEGE
100 WELDON BLVD.
SANFORD FL 32772-6199**

3. Date Incorporated or Qualified
11/29/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3257486

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BLACKBURN, WILLIAM
4699 W. LAKE BLVD.
LAKE MARY FL 32746**

81 Name

Wright, David

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

800 South Orlando Ave.

83

84 City

Maitland

FL

85 Zip Code

32751

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 617.0502, Florida Statutes.

SIGNATURE

David Wright

David Wright

Signature, typed or printed name, or registered agent's name if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CD** ☒ DELETE
NAME **BLACKBURN, WILLIAM**
STREET ADDRESS **4699 W. LAKE MARY BLVD.**
CITY-ST-ZIP **LAKE MARY FL**

TITLE **CED** ☒ DELETE
NAME **WRIGHT, DAVID**
STREET ADDRESS **800 SOUTH ORLANDO AVENUE**
CITY-ST-ZIP **MAITLAND FL**

TITLE **T** ☒ DELETE
NAME **TUCKER, JERRY**
STREET ADDRESS **2301 MAITLAND CENTER PARKWAY**
CITY-ST-ZIP **MAITLAND FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **CD** ☒ Change ☐ Addition
1.2 NAME **Wright, David**
1.3 STREET ADDRESS **800 South Orlando Ave.**
1.4 CITY-ST-ZIP **Maitland, FL 32751**

2.1 TITLE **CED** ☒ Change ☐ Addition
2.2 NAME **Foreman, Douglas**
2.3 STREET ADDRESS **305 Douglas Ave.**
2.4 CITY-ST-ZIP **Altamonte Spgs., FL 32714**

3.1 TITLE **T** ☒ Change ☐ Addition
3.2 NAME **Blackburn, William**
3.3 STREET ADDRESS **4699 W. Lake Mary Blvd.**
3.4 CITY-ST-ZIP **Lake Mary, FL 32746**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE:

David Wright

David Wright

3/20/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)