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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000005475

1. Corporation Name

LEADERSHIP SEMINOLE, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/29/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3257486

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip Country

Zip Country

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FOREMAN, DOUGLAS
305 DOUGLAS AVE
ALTAMONTE SPRINGS FL 32714**

81 Name

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

83

84 City

FL

85 Zip Code

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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13.

CED

OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

TITLE **CED** ☒ DELETE
NAME **ADAMSON, BRENT**
STREET ADDRESS **401 W 13TH ST**
CITY-ST-ZIP **SANFORD FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Bob Lucas
Creative Presentation Resources
P.O. Box 180487
Casselberry, FL 32718-0487

☒ Change ☐ Addition

TITLE **CD** ☒ DELETE
NAME **FOREMAN, DOUGLAS**
STREET ADDRESS **305 DOUGLAS AVENUE**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

CD
Ken Pedlow
P.R. Marketing
190 S. Hwy 427, Unit 108
Longwood, FL 32750

☐ Change ☐ Addition

TITLE **TD** ☐ DELETE
NAME **JUDY RANKIN**
STREET ADDRESS **1220 DOUGLAS AVE #207**
CITY-ST-ZIP **LONGWOOD FL 32779**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/28/99 **(407)869-4000**

CR2E037 (1/98)