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**CORPORATION  
ANNUAL REPORT  
1995**



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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 MAY -1 AM 10:58

**DOCUMENT # N94000000990 (1)**

1. Corporation Name

**LEADERSHIP FLORIDA STATEWIDE COMMUNITY FOUNDATIO  
N, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>136 S. BRONOUGH ST. TALLAHASSEE FL 32301</b>	Mailing Address <b>P.O. BOX 11309 TALLAHASSEE FL 32302-3309</b>
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3. Date Incorporated or Qualified <b>02/28/1994</b>	3a. Date of Last Report <b>05/17/1994</b>
4. FEI Number <b>59-3201445</b>	Applied For <input type="checkbox"/> Not Applicable
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. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

**9. Name and Address of Current Registered Agent**

**CASSELS, LEON  
136 SOUTH BRONOUGH STREET  
TALLAHASSEE FL 32301**

**10. Name and Address of New Registered Agent**

81 Name <b>Frank M. Ryll</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>136 South Bronough Street</b>
83 City <b>Tallahassee</b>
84 State <b>FL</b>
85 Zip Code <b>32301</b>

11. Pursuant to the provisions of Sections 607.0302 and 607.1508, Florida Statutes, the above-named corporation hereby 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: *Leon S. Cassels* (NOTE: Registered Agent signature required when reappointing) DATE: **4-28-95**

**12. OFFICERS AND DIRECTORS**

TITLE <b>P</b>	NAME <b>RYLL, FRANK</b>	STREET ADDRESS <b>136 S. BRONOUGH ST. TALLAHASSEE FL 32301</b>	CITY - ST - ZIP
TITLE <b>DV</b>	NAME <b>COKER, ROBERT E</b>	STREET ADDRESS <b>P.O. DRAWER 1207 N/A CLEWISTON FL 33440</b>	CITY - ST - ZIP
TITLE <b>DV</b>	NAME <b>ROBERTS, F. MICHAEL</b>	STREET ADDRESS <b>P.O. BOX 150010 N/A CAPE CORAL FL 33990</b>	CITY - ST - ZIP
TITLE <b>VD</b>	NAME <b>AILSTOCK, JANET P.</b>	STREET ADDRESS <b>6073 NW 167TH ST. MIAMI FL 33015</b>	CITY - ST - ZIP
TITLE <b>D</b>	NAME <b>CRAPO, KAREN R</b>	STREET ADDRESS <b>1300 N.W. 6TH STREET GAINESVILLE FL 32601</b>	CITY - ST - ZIP
TITLE <b>D</b>	NAME <b>GLASS, W. REEDER</b>	STREET ADDRESS <b>POST OFFICE BOX 15441 N/A MIAMI FL 33101-5441</b>	CITY - ST - ZIP

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE <b>CHAIR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE <b>CHAIR-ELECT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME <b>JAMES KEITH</b>	
4.3 STREET ADDRESS <b>777 S. FLAGLER DR. SUITE 310 WEST PALM BEACH, FL 33416</b>	
4.4 CITY - ST - ZIP	
5.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME <b>ADAMS, KATHY</b>	
5.3 STREET ADDRESS <b>105 S. NARCISSUS AVE, SUITE 712 WEST PALM BEACH, FL 33401</b>	
5.4 CITY - ST - ZIP	
6.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME <b>ANTHONY, CLARENCE</b>	
6.3 STREET ADDRESS <b>4400 PGA BOULEVARD, SUITE 501 PALM BEACH GARDENS, FL 33410</b>	
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 118.07(3)(b), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Leon S. Cassels* (NOTE: SIGNING OFFICER OR DIRECTOR) DATE: **4-28-95** (Type Name & Date Here)