

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N94000000990 (1)

1. Corporation Name

LEADERSHIP FLORIDA STATEWIDE COMMUNITY FOUNDATION, INC.



Principal Place of Business

Mailing Address

136 S. BRONOUGH ST.
TALLAHASSEE FL 32301

P.O. BOX 11309
TALLAHASSEE FL 32302-3309

3. Date Incorporated or Qualified
02/28/1994

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

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3201445

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

22

27

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

23

28

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CASSELS, LEON
136 SOUTH BRONOUGH STREET
TALLAHASSEE FL 32301

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C DELETE
NAME RYLL, FRANK
STREET ADDRESS 136 S. BRONOUGH ST.
CITY-ST-ZIP TALLAHASSEE FL

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

TITLE DV DELETE
NAME COKER, ROBERT E
STREET ADDRESS P.O. DRAWER 1207 N/A
CITY-ST-ZIP CLEWISTON FL 33440

2.1 TITLE Change Addition
2.2 NAME D T MIKE PENDER, Jr.
2.3 STREET ADDRESS 1605 MAIN STREET, SUITE 1100
2.4 CITY-ST-ZIP SARASOTA, FL 34236

TITLE DV DELETE
NAME ROBERTS, F. MICHAEL
STREET ADDRESS P.O. BOX 150010 N/A
CITY-ST-ZIP CAPE CORAL FL 33990

3.1 TITLE Change Addition
3.2 NAME CE
3.3 STREET ADDRESS ADELAIDE ALEXANDER SINK
3.4 CITY-ST-ZIP 400 N. ASHLEY STREET, 15TH FLOOR TAMPA, FLORIDA 33602

TITLE DELETE
NAME JAMES, KEITH
STREET ADDRESS 777 S. FLAGLER DRIVE SUITE 310
CITY-ST-ZIP WEST PALM BEACH FL

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

TITLE DELETE
NAME ADAMS, KATHY
STREET ADDRESS 105S. NARCISSUS AVE., SUITE 712
CITY-ST-ZIP WEST PALM BEACH FL

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

TITLE DELETE
NAME ANTHONY, CLARENCE
STREET ADDRESS 4400 PGA BOULEVARD, SUITE 501
CITY-ST-ZIP PALM BEACH GARDENS FL

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 on an attachment with an address.

SIGNATURE:

FRANK M. RYLL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96

904-425-1200

Date

Daytime Phone #

CR2E037 (12/95)