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May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000000990 (1)
1. Corporation Name
LEADERSHIP FLORIDA STATEWIDE COMMUNITY FOUNDATION, INC.



Principal Place of Business 136 S. BRONOUGH ST. TALLAHASSEE FL 32301	Mailing Address P.O. BOX 11309 TALLAHASSEE FL 32302-3309
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3. Date Incorporated or Qualified 02/28/1994	3a. Date of Last Report 04/24/1996
4. FEI Number 59-3201445	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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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
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: *Leon H. Cassels* **LEON H. CASSELS, CFO** **4/22/97**
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	C RYLL, FRANK 136 S. BRONOUGH ST. TALLAHASSEE FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT PENDER, JR. MIKE 1605 MAIN STREET STE 1100 SARASOTA FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CS ADELAIDE, ALEXANDER 400 NORTH ASHLEY STREET #15 TAMPA FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C JAMES, KEITH 777 S. FLAGLER DRIVE SUITE 310 WEST PALM BEACH FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ADAMS, KATHY 105S. NARCISSUS AVE., SUITE 712 WEST PALM BEACH FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ANTHONY, CLARENCE 4400 PGA BOULEVARD, SUITE 501 PALM BEACH GARDENS FL	<input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	PRESIDENT FRANK RYLL, JR. 136 S. BRONOUGH TALLAHASSEE, FL 32302	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	TREASURER LEON H. CASSELS 136 S. BRONOUGH TALLAHASSEE, FL 32301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	DIRECTOR GARY ARENSON 10231 TAFT STREET PEMBROKE PINES, FL 33026	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	DIRECTOR KEITH JAMES 1655 PALM BEACH LAKES BLVD #810-C WEST PALM BEACH, FL 33401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	DIRECTOR JEFFREY S. BARTEL 200 S. BISCAYNE BLVD. #4000 MIAMI, FL 33131-2398	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	CHAIR ALEX SINK 400 N. ASHLEY DR. 15th FLOOR TAMPA, FL 33602	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I do 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.

SIGNATURE: *Leon H. Cassels* **LEON H. CASSELS** **4/22/97** **904-425-1253**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0008143

CR2E037 (9/96)