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FILED

**May 06 1998 8:00am
Secretary of State**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1998**



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

DOCUMENT # N94000000990 (1)

1. Corporation Name

**LEADERSHIP FLORIDA STATEWIDE COMMUNITY FOUNDATIO
N, 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

4. FEI Number

59-3201445

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

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

7. Is this nonprofit corporation a homeowners association?

Yes No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. Yes No

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 reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

TITLE DELETE
NAME **T CASSELS, LEON H.**
STREET ADDRESS **136 S. BRONOUGH**
CITY-ST-ZIP **TALLAHASSEE FL**

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

TITLE DELETE
NAME **D ARENSEN, GARY**
STREET ADDRESS **10231 TAFT STREET**
CITY-ST-ZIP **PEMBROKE PINES FL**

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

TITLE DELETE
NAME **D JAMES, KEITH**
STREET ADDRESS **1855 PALM BEACH LAKES BLVD #810-C**
CITY-ST-ZIP **WEST PALM BEACH FL**

4.1 TITLE Change Addition
4.2 NAME **CHAIR**
4.3 STREET ADDRESS **FRANK S. JOPOLD, SR.**
4.4 CITY-ST-ZIP **1375 BUENA VISTA DR. #4 NORTH LAKE BUENA VISTA, FL 32830**

TITLE DELETE
NAME **D BARTELL, JERREY S. BART**
STREET ADDRESS **200 S. BISCAYNE BLVD., #4000**
CITY-ST-ZIP **MIAMI FL**

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS **800002513008**
5.4 CITY-ST-ZIP **-05/06/98--01038--020**

TITLE DELETE
NAME **C SINK, ALEX**
STREET ADDRESS **400 N. ASHLEY DR. 15TH FLOOR**
CITY-ST-ZIP **TAMPA FL**

6.1 TITLE **PAST CHAIR** Change Addition
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.

SIGNATURE: *Leon H. Cassels CEO* *Leon H. Cassels* 4/28/98 8/6/98 12/5/98

CF2E037 (10/97)

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