

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 24, 2004  
Secretary of State**

DOCUMENT# N94000000990

Entity Name: LEADERSHIP FLORIDA STATEWIDE COMMUNITY FOUNDATION, INC.

**Current Principal Place of Business:**

136 S. BRONOUGH ST.  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 11309  
TALLAHASSEE, FL 323023309

**New Mailing Address:**

FEI Number: 59-3201445      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ABBERGER, WENDY  
Address: 136 S. BRONOUGH ST.  
City-St-Zip: TALLAHASSEE, FL 32301

Title: T ( ) Delete  
Name: CASSELS, LEON H.  
Address: 136 S. BRONOUGH  
City-St-Zip: TALLAHASSEE, FL

Title: D ( ) Delete  
Name: ADOLFO, HENRIQUES  
Address: 2800 PONCE DE LEON BLVD FLOOR 15  
City-St-Zip: MIAMI, FL 331346921

Title: D ( ) Delete  
Name: THOMAS, JOHN C  
Address: P.O. BOX 1757  
City-St-Zip: TALLAHASSEE, FL 323021757

Title: D ( ) Delete  
Name: RYLL, FRANK M JR  
Address: 136 SOUTH BRONOUGH STREET  
City-St-Zip: TALLAHASSEE, FL 32301

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: ROBERTS, DEANNE D  
Address: 5405 CYPRESS CENTER DRIVE  
City-St-Zip: TAMPA, FL 33609

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEON H. CASSELS

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03/24/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date