

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000990

FILED
Apr 10, 2007
Secretary of State

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:

YOUNG, ROY C
225 S ADAMS 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: SACHS, RON
Address: 114 S DUVAL STREET
City-St-Zip: TALLAHASSEE, FL 32301

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

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: BARTEL, JEFFREY S
Address: 9250 W. FLAGLER STREET
City-St-Zip: MIAMI, FL 33174 34

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 Chapter 119, 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: LHC

_____ Electronic Signature of Signing Officer or Director

T

04/10/2007

_____ Date