

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000990

FILED  
Apr 28, 2008  
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: BARTEL, JEFFREY S  
Address: 9250 W. FLAGLER STREET  
City-St-Zip: MIAMI, FL 33174 34

Title: D      (X) 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: T      (X) Change ( ) Addition  
Name: HOLLAND, D ALAN  
Address: 136 S. BRONOUGH  
City-St-Zip: TALLAHASSEE, FL

Title: D      (X) Change ( ) Addition  
Name: MILTON, TEALA A  
Address: 21 W CHURCH STREET, TOWER 16  
City-St-Zip: JACKSONVILLE, FL 32202

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

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

I hereby certify that the information supplied with this filing does not qualify 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: D ALAN HOLLAND

T

04/28/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date