

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N94000000990

FILED
Apr 16, 2003
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:

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: RYLL, FRANK
Address: 136 S. BRONOUGH ST.
City-St-Zip: TALLAHASSEE, FL

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

Title: D () Delete
Name: LEONHARDT, FRED
Address: 201 E PINE ST STE 1200
City-St-Zip: ORLANDO, FL 328023068

Title: D () Delete
Name: POWELL, DAVID L
Address: 123 S. CALHOUN ST
City-St-Zip: TALLAHASSEE, FL 323011517

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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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04/16/2003

Electronic Signature of Signing Officer or Director

Date