FILE NOW: FILING FEE IS $61.25

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Mar 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N95000005757 (8)**

1. Corporation Name
INTERNATIONAL LEADERSHIP FOUNDATION, INC.

Principal Place of Business	Mailing Address
707 MAGNOLIA DRIVE ALTAMONTE SPRINGS FL 32701	707 MAGNOLIA DRIVE ALTAMONTE SPRINGS FL 32701-5705

3. Date Incorporated or Qualified: 11/27/1995
3a. Date of Last Report: 10/14/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: APPLIED FOR 59-3425577 ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RUTA, JOHN R
1836 WOODWARD STREET
ORLANDO FL 32803

10. Name and Address of New Registered Agent

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, JOHN S		1.2 NAME		
STREET ADDRESS	707 MAGNOLIA DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	AUGUSTINE, KERRY A		2.2 NAM		
STREET ADDRESS	7523 ALOMA AVENUE #206		2.3 STRE		
CITY-ST-ZIP	WINTER PARK FL 32792		2.4 CITY		
TITLE	SD	☐ DELETE	3.1 TITLE		Change ☐ Addition
NAME	DAVIS, LEONARD R		3.2 NAM		
STREET ADDRESS	~~POST OFFICE BOX 589626~~ 1805 Kaluvna Ct.		3.3 STRE		
CITY-ST-ZIP	ORLANDO FL ~~32858~~ 32806		3.4 CITY		
TITLE	TD	☐ DELETE	4.1 TITLE		hange ☐ Addition
NAME	RUTA, JOHN R		4.2 NAM		
STREET ADDRESS	1836 WOODWARD STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32803		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

DAVIS, LEONARD R
1805 KALUVNA COURT
ORLANDO, FL 32806

CR2E037 (9/96)

14. I do 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: John S. Smith 2/15/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #0012625