

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. McMath Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **N95000005757 (8)**

1. Corporation Name

INTERNATIONAL LEADERSHIP FOUNDATION, INC.



Principal Place of Business 707 MAGNOLIA DRIVE ALTAMONTE SPRINGS FL 32701	Mailing Address 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	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

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
--

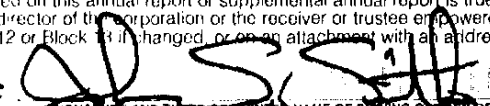
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
--

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
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	2.1 TITLE	
NAME	AUGUSTINE, KERRY A	2.2 NAME	
STREET ADDRESS	7523 ALOMA AVENUE #206	2.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER PARK FL 32792	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	
NAME	DAVIS, LEONARD R	3.2 NAME	
STREET ADDRESS	POST OFFICE BOX 500026 1805 KALURNA CT.	3.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL 32806 32806	3.4 CITY - ST - ZIP	
TITLE	TD	4.1 TITLE	
NAME	RUTA, JOHN R	4.2 NAME	
STREET ADDRESS	1836 WOODWARD STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL 32803	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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

CR2E037 (9/96)