## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 05 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000005757 (8)

INTERNATIONAL LEADERSHIP FOUNDATION, INC.

Principal Place of Business		Mailing Address				3 COOLINES DED LOUGE BLULL BENIL BENIL BENIL BENIL BENIL BLUL (BENIL 1881)
707 MAGNOLIA DRIVE ALTAMONTE SPRINGS FL 32701		707 MAGNOLIA DRIVE ALTAMONTE SPRINGS FL 32701			3. Date Incorporated or Qualified 11/27/1995	
						4. FEI Number Applied For
					· · · · · · · · · · · · · · · · · · ·	<b>59-3425577</b> Not Applicable
2. Principal Place of Business 2a. Mailing Addre			444-4			5. Certificate of Status Desired \$8.75 Additional Fee Required
Sulte, Apt.		Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State		City & State			7. Is this nonprofit corporation a homeowners association?	
Zip Country		Zip Country				8. This corporation owes or has paid the current year Intangible
24	25	29	30			Personal Property Tax due June 30.  Yes No
	9. Name and Address of Curren	: Registered Agent				10. Name and Address of New Registered Agent
				81	Name	
RUTA, JOHN R			Ī	62	Street Addre	ess (P.O. Box Number is Not Acceptable)
1836 WOODWARD STREET ORLANDO FL 32803			ŀ	83		
ONLAND	O FL 32003					
				84	City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida, Such change was authorized.					-named corp	
agent. I a	m familiar with, and accept the oblige	tions of, Section 617.0503, Flo	orida Statu	nes		,
SIGNATURE .	Signature, typed or printed name of registered ager	t and title if annitrable (NOT	F: Begiglored	Anor	nt eignatura raquire	ed when reinstating) DATE
12.	OFFICERS AND		13.	∧\$aı	in signature reduit	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1,1 T(T	1.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, JOHN S		1.2 NAME			
STREET ADDRESS	707 MAGNOLIA DRIVE		1.3 STF	REET	ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701		1.4 CIT	Y-ST	r-zip	
TITLE	VD	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME	TEAR ALONG AVENUE HOOR			2.2 NAME		
STREET ADORESS	7523 ALOMA AVENUE #206		2.3 STREET ADDRESS			
CITY-ST-ZIP TITLE			2. 4 CIT		T - ZIP	Chance D Addition
NAME	DAMO LEGILADO D		3.1 HII			☐ Change ☐ Addition
STREET ADDRESS	400 44444011 00100				ADDRESS	
CITY-ST-ZIP	ADI ANDA EL		3.4. CIT			
TITLE			4.1 TITE		1-211	☐ Change ☐ Addition
NAME	MITA IOUN D		4. 2 NA	ME		_ · · · _
STREET ADDRESS	1836 WOODWARD STREET		4.3 STR	EET A	ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32803		4.4 CIT	Y-ST	- ZIP	
TITLE		DELETE	5.1 TITU	.E		☐ Change ☐ Addition
NAME			5.2 NAM	νIE		
STREET ADDRESS	SS 5.3		5.3 STA	IEET #	address	
CITY-ST-ZIP			5.4 CITY	_	- ZIP	
TITLE	1			6.1 TITLE		Change Addition
NAME			6.2 NAN			
STREET ADDRESS					ADDRESS	
14. I hereby c	ertify that the information supplied wit	h this filing does not qualify to	6.4 CITY	nnti	ion etated in S	Section 119.07(3)(i), Florida Statutes. I further certify that the information
indicated of officer or officer o	on this annual report or supplemental	annual report is true and accu ver or trustee empowered to e	urate and	that	t my signature	e shall have the same legal effect as if made under oath; that I am an ired by Chapter 617, Florida Statutes; and that my name appears in