

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005757

FILED
Aug 08, 2007
Secretary of State

Entity Name: INTERNATIONAL LEADERSHIP COMMISSION, INC.

Current Principal Place of Business:

707 MAGNOLIA DRIVE
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

707 MAGNOLIA DRIVE
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

FEI Number: 59-3425577 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RUTA, JOHN R
4776 NEW BROAD STREET, SUITE 100
ORLANDO, FL 32814 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: PD () Delete
Name: SMITH, JOHN S
Address: 707 MAGNOLIA DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: SD () Delete
Name: DAVIS, LEONARD R
Address: 1805 KALURNA COURT
City-St-Zip: ORLANDO, FL 42806

Title: TD () Delete
Name: RUTA, JOHN R
Address: 4776 NEW BROAD STREET, SUITE 100
City-St-Zip: ORLANDO, FL 32814

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: JOHN S. SMITH

PD

08/08/2007

Electronic Signature of Signing Officer or Director

Date