FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 28 PM 6:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N08941 (9)

1. Corporation Name
LEADERSHIP PALM BEACH COUNTY, INC.

Principal Place of Business	Mailing Address
2701 N. AUSTRALIAN AVENUE WEST PALM BEACH FL 33407	2701 N. AUSTRALIAN AVENUE WEST PALM BEACH FL 33407

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/26/1985
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-2569097 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

~~PFEIFER, WILLIAM~~
~~2701 N. AUSTRALIAN AVE.~~
~~WEST PALM BEACH FL 33407~~

10. Name and Address of New Registered Agent

81 Name: Chismark, George
82 Street Address (P.O. Box Number is Not Acceptable): 901 Northpoint Parkway, #102
83 City: West Palm Beach, FL 33407
84 City: FL 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE George Chismark 4/24/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	MD	1.1 TITLE		☐ Change ☐ Addition
NAME	CHISMARK, GEORGE	1.2 NAME		
STREET ADDRESS	901 NORTHPOINT PARKWAY	1.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP		
TITLE	~~PD~~	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	~~PFEIFER, WILLIAM~~	2.2 NAME	CHESTER, SALLY	
STREET ADDRESS	~~2701 N AUSTRALIAN AVE~~	2.3 STREET ADDRESS	901 - 45TH STREET	
CITY-ST-ZIP	~~WEST PALM BEACH FL~~	2.4 CITY-ST-ZIP	WEST PALM BEACH, FL	
TITLE	~~VPD~~	3.1 TITLE	VPD	☒ Change ☐ Addition
NAME	~~CHESTER, SALLY~~	3.2 NAME	BOWMAN, DARI	
STREET ADDRESS	~~901 45TH ST~~	3.3 STREET ADDRESS	19198 PINE TREE DRIVE	
CITY-ST-ZIP	~~WEST PALM BEACH FL~~	3.4 CITY-ST-ZIP	TEQUESTA, FL	
TITLE	~~SD~~	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	~~BOWMAN, DARI~~	4.2 NAME	CARLINO, DIANE	
STREET ADDRESS	~~19198 PINE TREE DR~~	4.3 STREET ADDRESS	P.O. BOX 30536	
CITY-ST-ZIP	~~TEQUESTA FL~~	4.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL	
TITLE	T	5.1 TITLE		☐ Change ☐ Addition
NAME	HOUFF, LARRY	5.2 NAME		
STREET ADDRESS	1800 OLD OKEECHOBEE	5.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
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 is voluntarily furnished and 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: George E. Chismark Jr. 4/4/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0048130