

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010053

FILED
Apr 24, 2007
Secretary of State

Entity Name: SEMINAR FOR TOMORROW'S LEADERS, INC.

Current Principal Place of Business:

C/O 673 WEST LUMSDEN ROAD
BRANDON, FL 33511

New Principal Place of Business:

Current Mailing Address:

C/O 673 WEST LUMSDEN ROAD
BRANDON, FL 33511

New Mailing Address:

FEI Number: 14-1900893

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHULER, TIMOTHY C
9075 SEMINOLE BLVD
SEMINOLE, FL 33772 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: CP () Delete
Name: MORELLO, JAMES G
Address: 3730 BORDEAUX DR
City-St-Zip: PUNTA GORDA, FL 33950

Title: DV () Delete
Name: WEIGAND, DEBBIE
Address: 350 MINI RANCH RD
City-St-Zip: SEBRING, FL 33870

Title: DS () Delete
Name: GRIFFING, DONALD A
Address: 1303 TALBOT CIR
City-St-Zip: AVON PARK, FL 33825

Title: D () Delete
Name: RENFRO, WENDY
Address: 4114 EAGLE CT
City-St-Zip: SEBRING, FL 33872

Title: D () Delete
Name: MEYER, DOUGLAS
Address: 11915-81 AVE NORTH
City-St-Zip: SEMINOLE, FL 33772

Title: DT () Delete
Name: LEMAR, SR, DAVID A CPA
Address: 673 WEST LUMSDEN ROAD
City-St-Zip: BRANDON, FL 33511

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:

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Address:
City-St-Zip:

Title: () Change () Addition
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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 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: DAVID LEMAR

DT

04/24/2007

Electronic Signature of Signing Officer or Director

Date