

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003092

FILED  
Jan 21, 2010  
Secretary of State

**Entity Name:** SOUTH FLORIDA LEADERSHIP SEMINAR, INC.

**Current Principal Place of Business:**

321 SW 65TH AVE  
PEMBROKE PINES, FL 33023

**New Principal Place of Business:**

**Current Mailing Address:**

321 SW 65TH AVE  
PEMBROKE PINES, FL 33023

**New Mailing Address:**

FEI Number: 20-3941627

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SOUTH FLORIDA HOBY  
321 SW 65TH AVE  
PEMBROKE PINES, FL 33023 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: P  
Name: MONROIG, JR., ISMAEL  
Address: 321 SW 65TH AVE  
City-St-Zip: PEMBROKE PINES, FL 33023

Title: M  
Name: MC DONOUGH, JOHN  
Address: 2031 N. CONFERENCE DR  
City-St-Zip: BOCA RATON, FL 33431

Title: M  
Name: PHILLIPS, LON  
Address: 2847 NW 34 ST  
City-St-Zip: BOCA RATON, FL 33434

Title: S  
Name: JACKSON, STEPHANIE  
Address: 321 SW 65TH AVE  
City-St-Zip: PEMBROKE PINES, FL 33023

Title: T  
Name: EAKINS, STEPHANIE  
Address: 7883 SANTEE TERRACE  
City-St-Zip: LAKE WORTH, FL 33467

I hereby 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 all other like empowered.

SIGNATURE: STEPHANIE EAKINS

T

01/21/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date