

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000006324

FILED  
Apr 30, 2010  
Secretary of State

**Entity Name:** FLORIDA LEADERSHIP ACADEMY, INC.

**Current Principal Place of Business:**

907 N. WILSON AVE.  
#308  
BARTOW, FL 33830 US

**New Principal Place of Business:**

**Current Mailing Address:**

907 N. WILSON AVE.  
#308  
BARTOW, FL 33830 US

**New Mailing Address:**

**FEI Number:** 27-0445692

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CASTILLO, RUGINA Y MS.  
907 N. WILSON AVE.  
#308  
BARTOW, FL 33830 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:** CASTILLO, RUGINA Y MS.  
**Address:** 907 N. WILSON AVE. #308  
**City-St-Zip:** BARTOW, FL 33830

**Title:** VP  
**Name:** HUDNELL, RODRICK MR.  
**Address:** 907 N. WILSON AVE. #308  
**City-St-Zip:** BARTOW, FL 33830

**Title:** S  
**Name:** PRADO, MELISSA  
**Address:** 907 N. WILSON AVE. #308  
**City-St-Zip:** BARTOW, FL 33830

**Title:** T  
**Name:** JONES, RODNEY MR.  
**Address:** 907 N. WILSON AVE. #308  
**City-St-Zip:** BARTOW, FL 33830

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:** RUGINA CASTILLO

P

04/30/2010

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

\_\_\_\_\_  
Date