

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003092

Entity Name: SOUTH FLORIDA LEADERSHIP SEMINAR, INC.**Current Principal Place of Business:**7683 SANTEE TERRACE
LAKE WORTH, FL 33467**Current Mailing Address:**7683 SANTEE TERRACE
LAKE WORTH, FL 33467**FEI Number:** 20-3941627**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**EAKINS, STEPHANIE
7683 SANTEE TERRACE
LAKE WORTH, FL 33467 US*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**Officer/Director Detail :**

Title	M
Name	MONROIG, JR., ISMAEL
Address	321 SW 65TH AVE
City-State-Zip:	PEMBROKE PINES FL 33023

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

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

Title	P
Name	JACKSON, STEPHANIE
Address	11189 S TERRADAS LANE
City-State-Zip:	BOCA RATON FL 33428

Title	T
Name	EAKINS, STEPHANIE
Address	7683 SANTEE TERRACE
City-State-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 L EAKINS**TREASURER****02/24/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date