

**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

**FILED**  
**Feb 24, 2014**  
**Secretary of State**  
**CC4727187712**

**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