## 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008274

Entity Name: LITERACY, LEADERSHIP, TECHNOLOGY ACADEMY, INC.

**FILED** Jan 27, 2019 **Secretary of State** 6267506423CC

## **Current Principal Place of Business:**

6771 MADISON AVENUE TAMPA FL 33619

## **Current Mailing Address:**

6771 MADISON AVENUE TAMPA FL 33619 US

FEI Number: 47-0948628 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

BUCK, CHRISTINA M 1195 BERKLEY RIDGE LANE AUBURNDALE, FL 33823 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: CHRISTINA M BUCK 01/27/2019

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title CEO Title **CHAIR** 

LOGAN, LESLEY C Name Name METZ, JACK A

6020 PLOVER MEADOW STREET Address 6771 MADISON AVENUE Address

City-State-Zip: **TAMPA FL 33619** LITHIA FL 33547 City-State-Zip:

CFO Title Title B/M

Name BUCK, CHRISTINA M THOMPSON, SHIRLEY Name

Address 1195 BERKLEY RIDGE LANE Address 6771 MADISON AVENUE AUBURNDALE FL 33823

City-State-Zip: City-State-Zip: **TAMPA FL 33619** 

Title B/M Title **BOARD MEMBER** 

Name NASTHAS, OLGA Name MAGANN. DAVID

Address 6771 MADISON AVENUE 6771 MADISON AVENUE Address

City-State-Zip: **TAMPA FL 33619 TAMPA FL 33619** City-State-Zip:

Title B/M

COUNCIL, AMBER Name

**6771 MADISON AVENUE** Address

TAMPA FL 33619 City-State-Zip:

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.

01/27/2019 SIGNATURE: CHRISTINA BUCK **CFO**