

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000012097

**FILED**  
**Apr 08, 2014**  
**Secretary of State**  
**CC2738635190**

**Entity Name:** INTERNATIONAL LEADERSHIP FOUNDATION, INC.

**Current Principal Place of Business:**

1969 S ALAFAYA TRAIL, SUITE 353  
ORLANDO, FL 32828-8732

**Current Mailing Address:**

1969 S. ALAFAYA TRAIL, SUITE353  
ORLANDO, FL 32828-8732

**FEI Number:** 20-2109283

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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            PRESIDENT, TRUSTEE  
Name            ADADEVOH, DELANYO T.  
Address        1969 S. ALAFAYA TRAL, SUITE 353  
City-State-Zip: ORLANDO FL 32832

Title            TRUSTEE  
Name            BJURSTROM, EDWARD  
Address        3705 CAPSTAN CIRCLE  
City-State-Zip: WESTLAKE VILLAGE CA 91361-3822

Title            VP  
Name            LANGEROCK, DIANA L  
Address        100 LAKE HART DRIVE - 2100  
City-State-Zip: ORLANDO FL 32828

Title            SECRETARY, TREASURER, TRUSTEE  
Name            BALL, JERALD D.  
Address        1019 PRAIRE RIDGE LANE  
City-State-Zip: LESTER PRAIRE MN 55354

Title            CHAIRMAN, TRUSTEE  
Name            BRANDT, TIMOTHY B.  
Address        1969 S. ALAFAYA TRAIL  
                 SUITE 353  
City-State-Zip: ORLANDO FL 32828

Title            OTHER  
Name            BUTASI, PAUL N.  
Address        PO BOX TF 152, 129  
                 EMBASSADORIAL ENCLAVE EAST  
                 LEGON  
City-State-Zip: ACCRA GHANA

Title            ASST. SECRETARY  
Name            HAUER, SALLY E.  
Address        100 LAKE HART DRIVE - 3500  
City-State-Zip: ORLANDO FL 32832

*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:** SALLY E. HAUER

**ASST. SECRETARY**

**04/08/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date