

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000007570

**Entity Name:** REVOLUTION LEADERSHIP, INC.**Current Principal Place of Business:**37 NORTH ORANGE AVENUE  
SUITE 500  
ORLANDO, FL 32801**Current Mailing Address:**37 NORTH ORANGE AVENUE  
SUITE 500  
ORLANDO, FL 32801 US**FEI Number:** 20-5245175**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHISHOLM, AUDREY K  
37 NORTH ORANGE AVENUE, SUITE 500  
ORLANDO, FL 32801 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	PD
Name	CHISHOLM, AUDREY
Address	37 NORTH ORANGE AVENUE SUITE 500
City-State-Zip:	ORLANDO FL 32801

Title	SD
Name	DENARD, SOPHIA L
Address	3472 STONEBRANCH LANE
City-State-Zip:	LOGANVILLE GA 30052

Title	BOARD
Name	SCOTT, LUIS JR.
Address	37 NORTH ORANGE AVENUE SUITE 500
City-State-Zip:	ORLANDO FL 32801

Title	TD
Name	CHISHOLM, JUAN
Address	P.O. BOX 1965
City-State-Zip:	ORLANDO FL 32802

Title	BOARD
Name	SPRAUVE, GERRAN
Address	37 NORTH ORANGE AVENUE SUITE 500
City-State-Zip:	ORLANDO FL 32801

Title	BOARD
Name	SANDERS, LADARRIUS
Address	37 NORTH ORANGE AVENUE SUITE 500
City-State-Zip:	ORLANDO FL 32801

*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:** AUDREY CHISHOLM

01/31/2024

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