

**2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N12000001249

**Entity Name:** LEEDS ENDOWMENT, INC.

**Current Principal Place of Business:**

435 SOUTHERN BLVD  
WEST PALM BEACH, FL 33405

**Current Mailing Address:**

435 SOUTHERN BLVD  
WEST PALM BEACH, FL 33405 US

**FEI Number:** 45-4440485

**Certificate of Status Desired:** No

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

ARMOUR, ALAN I  
3001 PGA BLVD  
SUITE #305  
PALM BEACH GARDENS, FL 33410 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  
Name            FORD, SUSAN  
Address        435 SOUTHERN BLVD  
City-State-Zip: WEST PALM BEACH FL 33405

Title            D  
Name            FORD, GEORGE  
Address        435 SOUTHERN BLVD  
City-State-Zip: WEST PALM BEACH FL 33405

Title            VP  
Name            FORD, DANIELLE  
Address        435 SOUTHERN BLVD  
City-State-Zip: WEST PALM BEACH FL 33405

Title            DIRECTOR  
Name            WICK, WALTER  
Address        435 SOUTHERN BLVD.  
City-State-Zip: WEST PALM BEACH FL 33405

Title            DIRECTOR  
Name            TAYLOR, MEGHAN  
Address        435 SOUTHERN BLVD.  
City-State-Zip: WEST PALM BEACH FL 33405

Title            TREASURER  
Name            BARTLE, JAMES  
Address        435 SOUTHERN BLVD  
City-State-Zip: WEST PALM BEACH FL 33405

Title            SECRETARY  
Name            WATERBURY, SUSAN  
Address        435 SOUTHERN BLVD  
City-State-Zip: WEST PALM BEACH FL 33405

Title            DIRECTOR  
Name            IVANCEVIC, NICK  
Address        435 SOUTHERN BLVD  
City-State-Zip: WEST PALM BEACH FL 33405

**Continues on page 2**

*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:** SUSAN WATERBURY

S

09/22/2020

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR

Name           SARGENT, KIM

Address        435 SOUTHERN BLVD

City-State-Zip: WEST PALM BEACH FL 33405