

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000010150

**Entity Name:** LADIES LEARNING TO LEAD, INC.**Current Principal Place of Business:**2801 CHANCELLORSVILLE DR  
SUITE 1002  
TALLAHASSEE, FL 32312**Current Mailing Address:**PO BOX 2091  
TALLAHASSEE, FL 32316**FEI Number:** 46-1383899**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VANCE, SAMANTHA A  
2801 CHANCELLORSVILLE DR  
SUITE 1002  
TALLAHASSEE, FL 32312 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:** SAMANTHA A VANCE

02/02/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            TORRES, MARCELLA  
Address        PO BOX 2091  
City-State-Zip: TALLAHASSEE FL 32316

Title            VP  
Name            WELLS, JOHNITTA  
Address        PO BOX 2091  
City-State-Zip: TALLAHASSEE FL 32316

Title            SECRETARY  
Name            THORNTON, GLENDA  
Address        PO BOX 2091  
City-State-Zip: TALLAHASSEE FL 32316

Title            CEO  
Name            VANCE, SAMANTHA A  
Address        PO BOX 2091  
City-State-Zip: TALLAHASSEE FL 32316

Title            DIRECTOR  
Name            SUTTER, MICHAEL  
Address        PO BOX 2091  
City-State-Zip: TALLAHASSEE FL 32316

Title            DIRECTOR  
Name            PYE, CHICARLA  
Address        PO BOX 2091  
City-State-Zip: TALLAHASSEE FL 32316

Title            DIRECTOR  
Name            DEAN, MICHELLE  
Address        PO BOX 2091  
City-State-Zip: TALLAHASSEE FL 32316

Title            DIRECTOR  
Name            FORGES, MELISSA  
Address        PO BOX 2091  
City-State-Zip: TALLAHASSEE FL 32316

*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:** SAMANTHA VANCE

CEO

02/02/2017

Electronic Signature of Signing Officer/Director Detail

Date