

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

DOCUMENT# N13000002251

**Entity Name:** INSTITUTE OF CHRISTIAN LEADERSHIP, INC.

**Current Principal Place of Business:**

3693 CIRCLEVILLE STREET  
NORTH PORT, FL 34286

**Current Mailing Address:**

3693 CIRCLEVILLE STREET  
NORTH PORT, FL 34286 US

**FEI Number:** 46-2321263

**Certificate of Status Desired:** No

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

LEGALINC CORPORATE SERVICES INC  
5237 SUMMERLIN COMMONS SUITE 400  
FORT MYERS, FL 33907 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 D  
Name GALLO, THOMAS  
Address 3693 CIRCLEVILLE STREET  
City-State-Zip: NORTH PORT FL 34286

Title D  
Name GEORGE, VARGES  
Address 8 GOLDEN POND DRIVE  
City-State-Zip: MILLTOWN NJ 08850

*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:** VARGES GEORGE

**PRESIDENT**

**04/20/2017**

Electronic Signature of Signing Officer/Director Detail

Date