

**2023 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F17000000067

**Entity Name:** LEADERSHIP RESOURCES INTERNATIONAL -  
INCORPORATED**Current Principal Place of Business:**12575 RIDGELAND AVE  
PALOS HEIGHTS, IL 60463**Current Mailing Address:**12575 RIDGELAND AVE  
PALOS HEIGHTS, IL 60463 US**FEI Number: 36-2972097****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INCorp SERVICES, INC.  
3458 LAKESHORE DRIVE  
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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SUNDAY , DAVID  
Address        35W175 FOX RIVER DRIVE  
City-State-Zip: SAINT CHARLES IL 60174

Title            DIRECTOR  
Name            GROELSEMA, TOM  
Address        1700 YELLOW DAISY DR  
City-State-Zip: MATTHEWS NC 28104

Title            DIRECTOR  
Name            SOPER, DAVID  
Address        1770 KANEVILLE ROAD  
City-State-Zip: GENEVA WI 60134

Title            CFO  
Name            HENRY, TIM  
Address        12575 RIDGELAND AVE  
City-State-Zip: PALOS HEIGHTS IL 60463

Title            DIRECTOR  
Name            TAN, HENRY DR.  
Address        11079 CRATER LAKE  
City-State-Zip: SAN DIEGO CA 92126

Title            DIRECTOR  
Name            BENNETT, PHYLLIS  
Address        907 W ALDER CT  
City-State-Zip: WASHOUGAL WA 98671

Title            TREASURER  
Name            JACOBY , MICHAEL  
Address        28W224 MACK RD  
City-State-Zip: WINFIELD IL 60190

Title            SECRETARY  
Name            LAMPOS, JEFF  
Address        13700 LAGO LN  
City-State-Zip: ORLAND PARK IL 60462

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*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: DAVID SUNDAY****PRESIDENT****04/24/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                 DIRECTOR  
Name                MOORE, CHRISTY  
Address             3508 88TH ST  
City-State-Zip:    KENOSHA WI 53142

Title                 DIRECTOR  
Name                MCFARLAND , CINDY  
Address             110 S SILVERY LANE  
City-State-Zip:    DEARBORN MI 48124