2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736238

FILED Aug 09, 2005 Secretary of State

Entity Name: LEADERSHIP FOUNDATION OF SOUTHWEST FLORIDA, INC.

		New Principal Place of Business:	
IAPLES,	THER LANE, SUITE 300 FL 34109 US		
urrent N	failing Address:	New Mailing Address:	
O BOX ! MMOKAL	5393 EE, FL 34143 US		
n accordan	: 59-1711633 FEI Number Applied For() ice with s. 607.193(2)(b), F.S., the corporation did not		. ,
lame and	d Address of Current Registered Agent:	Name and Address of New Registered Ag	ent:
395 PAN	_AWDOCK, INC. THER LANE, SUITE 300 FL 34019 US		
	e named entity submits this statement for the pre of Florida.	rpose of changing its registered office or registered a	gent, or both,
SIGNATU	RE:		
	Electronic Signature of Registered Age	t Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
itle: lame: ddress: city-St-Zip:	PD () Delete BELLMAN, STEPHEN H 550 NORTH 19TH STREET #60 IMMOKALEE, FL 34142	Title: () Change () Addition Name: Address: City-St-Zip:	
lame: .ddress:	VPD () Delete HERSHEY, BENJAMIN D 701 GLADES STREET IMMOKALEE, FL 34142	Title: () Change () Addition Name: Address: City-St-Zip:	
itle: lame: kddress: city-St-Zip: itle: lame: kddress: city-St-Zip:	HERSHEY, BENJAMIN D 701 GLADES STREET	Name: Address:	
lame: ddress: city-St-Zip: itle: lame: ddress:	HERSHEY, BENJAMIN D 701 GLADES STREET IMMOKALEE, FL 34142 D () Delete TIMMINS, MICHAEL 2950 FT. CHARLES DRIVE	Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:	
lame: .ddress: .ity-St-Zip: .itle: .lame: .ddress: .ity-St-Zip: .itle: .lame: .ddress:	HERSHEY, BENJAMIN D 701 GLADES STREET IMMOKALEE, FL 34142 D () Delete TIMMINS, MICHAEL 2950 FT. CHARLES DRIVE NAPLES, FL 34102 D () Delete CARPENTER, REID 1065 GULF SHORE BLVD. NORTH, APT 309	Name: Address: City-St-Zip: Title: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:	

Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KEVIN CARMICHAEL, VICE PRESIDENT D 08/09/2005