

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90022 027 ****61.25

DOCUMENT # 736238

1. Entity Name
ONE BY ONE LEADERSHIP FOUNDATION, INC.



Principal Place of Business
1395 PANTHER LANE, SUITE 300
NAPLES FL 34109 US
Northern Trust Bank Bldg
4001 T.T. N. Suite 330
Naples, FL 34103

Mailing Address
P O BOX 5393
IMMOKALEE, FL 34143 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03132008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1711633

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired - ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NAPLES LAWDOCK, INC.
1395 PANTHER LANE, SUITE 300
NAPLES, FL 34109

Name **Salvatore & Wood, P.L.**

Street Address (P.O. Box Number is Not Acceptable)

4001 TAMiami TRAIL N., Suite 330

City **NAPLES**

FL

Zip Code
34103

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

KEVIN CARMICHAEL

3/25/08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PO Exec. Dir. HOPE** ☐ Delete
NAME **HEERS, RICHARD**
STREET ADDRESS **507 N. 18TH STREET**
CITY-ST-ZIP **IMMOKALEE, FL 34142**

TITLE **Dir.** ☐ Change ☒ Addition
NAME **Jaimie Savage**
STREET ADDRESS **711 5th Ave. S, Suite 212**
CITY-ST-ZIP **Naples, FL 34102**

TITLE **VPB Dir. VICE President** ☐ Delete
NAME **MCCLAY, DIANE**
STREET ADDRESS **4450 GREEN HEVON TC.**
CITY-ST-ZIP **BONITA SPRINGS, FL 34138756**

TITLE **Dir.** ☐ Change ☒ Addition
NAME **Richard Thornton**
STREET ADDRESS **6495 Birchwood Ct.**
CITY-ST-ZIP **Naples, FL 34109**

TITLE **SEC. TREAS.** ☒ Delete
NAME **THOMAS, MICHAEL**
STREET ADDRESS **2060 FT. CHARLES DRIVE PO Box 339**
CITY-ST-ZIP **NAPLES, FL 34102 34102**

TITLE **Dir. Secretary** ☐ Change ☒ Addition
NAME **Richard Hailer**
STREET ADDRESS **2348 Hidden Lake Dr.**
CITY-ST-ZIP **Naples, FL 34112**

TITLE **PRES** ☐ Delete
NAME **CARPENTER, REID**
STREET ADDRESS **8478 Radcliffe Ter, # 202**
CITY-ST-ZIP **1065 GULF SHORE BLVD. NORTH, APT 309 NAPLES, FL 34102 34120**

TITLE **Dir.** ☐ Change ☒ Addition
NAME **Essie Serrata**
STREET ADDRESS **1800 Farm Worker Way**
CITY-ST-ZIP **Immokalee, FL 34142**

TITLE **Exec. Dir.** ☐ Delete
NAME **LAWSON, JOHN**
STREET ADDRESS **5981 SEA GRASS LANE**
CITY-ST-ZIP **NAPLES, FL 34116**

TITLE **Dir.** ☐ Change ☒ Addition
NAME **Catherine Dentino**
STREET ADDRESS **5050 Ave Maria Blvd.**
CITY-ST-ZIP **Ave Maria, FL 34142**

TITLE **TREAS.** ☐ Delete
NAME **CARMICHAEL, KEVIN**
STREET ADDRESS **4001 Tamiami Tr. N. 1895 PANTHER LANE, SUITE 300 Suite 330**
CITY-ST-ZIP **NAPLES, FL 34109 Naples, FL 34103**

TITLE **Dir.** ☐ Change ☒ Addition
NAME **William W. Ventress**
STREET ADDRESS **870 1112 Ave. N. Ste. 1 Coventry Square**
CITY-ST-ZIP **Naples, FL 34108**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/08 239-2485857

Date

Daytime Phone #