# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 11, 2009**
**Secretary of State**

DOCUMENT# 736238

**Entity Name:** ONE BY ONE LEADERSHIP FOUNDATION, INC.

**Current Principal Place of Business:**

NORTHERN TRUST BANK BLDG
7001 T. T. N. STE 330
NAPLES, FL 34103 US

**New Principal Place of Business:**

NORTHERN TRUST BANK BLDG
9132 STRADA PLACE, 4TH FLOOR
NAPLES, FL 34108 US

**Current Mailing Address:**

P O BOX 5393
IMMOKALEE, FL 34143 US

**New Mailing Address:**

**FEI Number: 59-1711633** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

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

SALVATORI & WOOD, PL
4001 TAMIAMI TRL N STE 330
NAPLES, FL 34103 US

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

SALVATORI & WOOD, PL
9132 STRADA PLACE
FOURTH FLOOR
NAPLES, FL 34108 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: SALVATORI & WOOD, PL 05/11/2009
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: ED ( ) Delete
Name: HEERS, RICHARD
Address: 507 N. 18TH STREET
City-St-Zip: IMMOKALEE, FL 34142

Title: VP ( ) Delete
Name: MCCLAY, DIANE
Address: 4450 GREEN HEVON TC.
City-St-Zip: BONITA SPRINGS, FL 341348756

Title: D ( ) Delete
Name: SAVAGE, JAIMIE
Address: 711 5TH AVE S STE 212
City-St-Zip: NAPLES, FL 34102

Title: P ( ) Delete
Name: CARPENTER, REID
Address: 8478 REDCLIFFE TERR 202
City-St-Zip: NAPLES, FL 34120

Title: ED ( ) Delete
Name: LAWSON, JOHN
Address: 5981 SEA GRASS LANE
City-St-Zip: NAPLES, FL 34116

Title: T ( ) Delete
Name: CARMICHAEL, KEVIN
Address: 4001 TAMIAMI TRL N STE 330
City-St-Zip: NAPLES, FL 34103

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: CARPENTER, REID
Address: 5705 MAYFLOWER WAY #1404
City-St-Zip: AVE MARIA, FL 34142

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: CARMICHAEL, KEVIN
Address: 9132 STRADA PLACE, 4TH FLOOR
City-St-Zip: NAPLES, FL 34108

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOHN LAWSON ED 05/11/2009
Electronic Signature of Signing Officer or Director Date