2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2010
Secretary of State

DOCUMENT# 736238

Entity Name: ONE BY ONE LEADERSHIP FOUNDATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

1400 NORTH 15TH ST
SUITE A
IMMOKALEE, FL 34142 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 ( )**

Name and Address of Current Registered Agent:

SALVATORI & WOOD, PL
9132 STRADA PLACE
FOURTH FLOOR
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: T
Name: CARMICHAEL, KEVIN
Address: 9132 STRADA PLACE, 4TH FLOOR
City-St-Zip: NAPLES, FL 34108 US

Title: VP
Name: MCCLAY, DIANE
Address: 4450 GREEN HERON CT.
City-St-Zip: BONITA SPRINGS, FL 341348756 US

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

Title: P
Name: CARPENTER, REID
Address: 5705 MAYFLOWER WAY #1404
City-St-Zip: AVE MARIA, FL 34142 US

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

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: JOHN LAWSON ED 01/05/2010

Electronic Signature of Signing Officer or Director Date