FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

'95 MAR -6 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 753737 (6)

1. Corporation Name

LEADERSHIP PINELLAS, INC.

Principal Place of Business	Mailing Address
2168 LITTLE BROOK LN P O BOX 5986 CLEARWATER FL 34618-5986 US	2168 LITTLE BROOK LN P O BOX 5986 CLEARWATER FL 34618-5986 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/12/1980	3a. Date of Last Report: 02/04/1994
4. FEI Number: 59-2424294	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RAYMOND, J. PAUL 410 PONCE DE LEON BLVD. BELLEAIR FL 33516	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	President - D	☒ Change ☐ Addition
NAME	VINCENT, DEBORAH	1.2 NAME	Rabon, Kathy Short	
STREET ADDRESS	P.O. BOX 960 N/A	1.3 STREET ADDRESS	107 Park St.	
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	Safety Harbor, FL 34695	
TITLE	VD	2.1 TITLE	Vice President - D	☒ Change ☐ Addition
NAME	RABON, KATHY SHORT	2.2 NAME	Spence, H. Browning	
STREET ADDRESS	107 PARK STREET	2.3 STREET ADDRESS	4140 49th St. N.	
CITY-ST-ZIP	SAFETY HARBOR FL	2.4 CITY-ST-ZIP	St. Petersburg, FL 33709	
TITLE	SD	3.1 TITLE	Secretary - D	☒ Change ☐ Addition
NAME	GOODSTEIN, RONNIE	3.2 NAME	Ritz, Nancy J.	
STREET ADDRESS	315 COURT ST	3.3 STREET ADDRESS	2166 Palmetto St.	
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	Clearwater, FL 34625	
TITLE	T	4.1 TITLE	Treasurer - D	☐ Change ☐ Addition
NAME	DONOGHUE, KEVIN J.	4.2 NAME	Donoghue, Kevin J.	
STREET ADDRESS	5021 VALENCIA LANE E.	4.3 STREET ADDRESS	29605 U.S. 19 N., #140	
CITY-ST-ZIP	PALM HARBOR FL	4.4 CITY-ST-ZIP	Clearwater, FL 34621	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 2/2/95 813-205-4143
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER
KEVIN J. DONOGHUE, T.
Date Daytime Phone #

0068300