

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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FILED
Jul 29 1998 8:00am
Secretary of State

0000315

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| DOCUMENT # 753737 (6) |
| 1. Corporation Name LEADERSHIP PINELLAS, INC. |



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| Principal Place of Business 2000 WEST BAY DRIVE STE 5 LARGO FL 33770 US | Mailing Address P.O. BOX 5986 CLEARWATER FL 34618 US |
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| 3. Date Incorporated or Qualified 08/12/1980 | |
| 4. FEI Number 59-2424294 | Applied For <input type="checkbox"/> Not Applicable |

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| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
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| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |

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| 9. Name and Address of Current Registered Agent RAYMOND, J. PAUL 410 PONCE DE LEON BLVD. BELLEAIR FL 33516 |
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| 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL |
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11. Pursuant to the provisions of sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|-------------------------|
| TITLE | PD | 1.1 TITLE | President, Director |
| NAME | MITCHELL, JUDY A | 1.2 NAME | Linda S. Williams |
| STREET ADDRESS | 1475 BELCHER ROAD SOUTH, P.O. BOX 4100 | 1.3 STREET ADDRESS | 3711 Tampa Road #107 |
| CITY-ST-ZIP | CLEARWATER FL | 1.4 CITY-ST-ZIP | Oldsmar, FL 34677 |
| TITLE | SD | 2.1 TITLE | Secretary, Director |
| NAME | GRAY, MARTHA | 2.2 NAME | Lynn M. Fuhler |
| STREET ADDRESS | 8095-114TH AVE. | 2.3 STREET ADDRESS | 2623 McCormick Dr. #103 |
| CITY-ST-ZIP | ST. PETERSBURG FL | 2.4 CITY-ST-ZIP | Clearwater, FL 33759 |
| TITLE | TD | 3.1 TITLE | Treasurer, Director |
| NAME | MARINO, JAN | 3.2 NAME | Frank J. Hancock |
| STREET ADDRESS | 35388 US 19 N | 3.3 STREET ADDRESS | 2111 Drew Street |
| CITY-ST-ZIP | PALM HARBOR FL 34884 | 3.4 CITY-ST-ZIP | Clearwater, FL 33765 |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing 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: Frank J. Hancock 7/21/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)