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CORPORATION ANNUAL REPORT

1995

FILED
95 MAY -1 AM 8:02

DOCUMENT # **764819** **(9)**

LEADERSHIP JACKSONVILLE ALUMNI, INC.

Principal Place of Business	Mailing Address
4049 WOODCOCK DR. STE 200 ATTN: BARBARA S BOONE JACKSONVILLE FL 32207 US	4049 WOODCOCK DR. STE 200 ATTN BARBARA S BOONE JACKSONVILLE FL 32207 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/03/1982
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-2224998 ☐ 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 — 21
2a. Mailing Address — 26
Suite Apt. # etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
County — 25 / 30

9. Name and Address of Current Registered Agent

BOONE, BARBARA S
4049 WOODCOCK DR
STE 200
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

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: _____ (If changing Registered Agent, this statement must be signed by the New Registered Agent before it is filed.) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	VD	11 TITLE	President/Director	☒ Change ☐ Addition
12 NAME	DRAKE, BARBARA	12 NAME		
13 STREET ADDRESS	1614 S EDGEWOOD AVE	13 STREET ADDRESS		
14 CITY ST ZIP	JACKSONVILLE, FL 00000	14 CITY ST ZIP		
21 TITLE	P	21 TITLE	Director	☒ Change ☐ Addition
22 NAME	MONTGOMERY, SUZANNE	22 NAME		
23 STREET ADDRESS	4389 GADSDEN CT	23 STREET ADDRESS		
24 CITY ST ZIP	JACKSONVILLE FL	24 CITY ST ZIP		
31 TITLE	D	31 TITLE	Vice President/Director	☒ Change ☐ Addition
32 NAME	KNIGHT, BONNIE	32 NAME		
33 STREET ADDRESS	1746 EMORY CIR S	33 STREET ADDRESS		
34 CITY ST ZIP	JACKSONVILLE FL	34 CITY ST ZIP		
41 TITLE	D	41 TITLE		☐ Change ☐ Addition
42 NAME	HENDERSON, NOAH	42 NAME		
43 STREET ADDRESS	6235 NANCY DRIVE	43 STREET ADDRESS		
44 CITY ST ZIP	JACKSONVILLE FL	44 CITY ST ZIP		
51 TITLE		51 TITLE		☐ Change ☐ Addition
52 NAME		52 NAME		
53 STREET ADDRESS		53 STREET ADDRESS		
54 CITY ST ZIP		54 CITY ST ZIP		
61 TITLE		61 TITLE		☐ Change ☐ Addition
62 NAME		62 NAME		
63 STREET ADDRESS		63 STREET ADDRESS		
64 CITY ST ZIP		64 CITY ST ZIP	**REMITTED BY MAY 1**	

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 the 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: Barbara Drake — 4/26/95 (Date) — 904-354-8107 (Daytime Phone #)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0001470