

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

***CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Montan
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 11:48

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # F94000005291 (9)

1. Corporation Name

LEADERSHIP TRAINING INTERNATIONAL, INC.

Principal Place of Business

**PO BOX 6769
OCALA FL 34478**

Mailing Address

**PO BOX 6769
OCALA FL 34478**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/12/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

75-1772070

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**

8. This corporation files liability for intangible tax under S. 199.032.

Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**CASSIDY, MARY ANN
2337 E. SILVER SPRINGS BLVD.
OCALA FL 34478**

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

Mary Ann Cassidy

(NOTE: Registered Agent signature required when registering)

4/28/95

DATE

12. OFFICERS AND DIRECTORS

TITLE **P**
NAME **CASSIDY, RAYMOND B**
STREET ADDRESS **2337 E. SILVER SPRINGS BLVD.**
CITY - ST - ZIP **OCALA FL 34470**

TITLE **V**
NAME **SMOOT, DAVID M**
STREET ADDRESS **2337 E. SILVER SPRINGS BLVD.**
CITY - ST - ZIP **OCALA FL 34470**

TITLE **ST**
NAME **CASSIDY, MARY A**
STREET ADDRESS **2337 E. SILVER SPRINGS BLVD.**
CITY - ST - ZIP **OCALA FL 34470**

TITLE **D**
NAME **GROTH, JENNIFER O**
STREET ADDRESS **2337 E. SILVER SPRINGS BLVD.**
CITY - ST - ZIP **OCALA FL 34470**

TITLE **D**
NAME **DIXON, STEVE**
STREET ADDRESS **1285 MILLSAP ROAD**
CITY - ST - ZIP **FAYETTEVILLE AR 72703**

TITLE **D**
NAME **WICKWARE, LORELL M**
STREET ADDRESS **2805 MEDINA DRIVE**
CITY - ST - ZIP **TYLER TX 75701**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 110.07(3)(a), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Mary Ann Cassidy - Sec'y/Treas.

4/28/95

904-622-7999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

OFFICE PHONE