


FILE NOW: FILING FEE IS \$61.25

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Jan 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000005291 (9)**

1. Corporation Name

LEADERSHIP TRAINING INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

PO BOX 6769
OCALA FL 34478

PO BOX 6769
OCALA FL 34478



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21 807 S.W. 3 RD Ave.	26	10/12/1994	75-1772070	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired		\$8.75 Additional Fee Required
22 Suite A-1	27			\$5.00 May Be Added to Fees
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution		
23 Ocala, FL	28			
Zip	Country	7. Is this nonprofit corporation a homeowners association?		
24 34474	25 USA			
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name	SAME
82 Street Address (P.O. Box Number is Not Acceptable)	807 S.W. 3 RD Ave, Suite A-1
83	
84 City	SAME
85 Zip Code	FL 34474

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 MARY ANN CASSIDY, E

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-6-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASSIDY, RAYMOND B	1.2 NAME	
STREET ADDRESS	807 SW 3RD AVE SUITE A-1	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMOOT, DAVID M	2.2 NAME	
STREET ADDRESS	807 SW 3RD AVE SUITE A-1	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASSIDY, MARY A	3.2 NAME	
STREET ADDRESS	807 SW 3RD AVENUE SUITE A-1	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROTH, JENNIFER O	4.2 NAME	
STREET ADDRESS	807 SW 3RD AVE SUITE A-1	4.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIXON, STEVE	5.2 NAME	
STREET ADDRESS	1285 MILLSAP ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	FAYETTEVILLE AR 72703	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WICKWARE, LORELL M	6.2 NAME	
STREET ADDRESS	2805 MEDINA DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	TYLER TX 75701	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: MARY ANN CASSIDY, E

1-6-98

352-622-4999

CR2E037 (10/97)