

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000005291

FILED
Apr 30, 2005
Secretary of State

Entity Name: LEADERSHIP TRAINING INTERNATIONAL, INC.

Current Principal Place of Business:

221 E GLENEAGLES ROAD
OCALA, FL 34472 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 6769
OCALA, FL 34478

New Mailing Address:

FEI Number: 75-1772070

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASSIDY, MARY ANN
221 E GLENEAGLES ROAD
OCALA, FL 34472 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CASSIDY, RAYMOND B
Address: 221 E GLENEAGLES ROAD
City-St-Zip: Ocala, FL 34472

Title: D () Delete
Name: EILAND, HAROLD
Address: 408 N 41ST ST.
City-St-Zip: CUT OFF, LA 70345

Title: ST () Delete
Name: CASSIDY, MARY A
Address: 221 E GLENEAGLE ROAD
City-St-Zip: Ocala, FL 34472

Title: D () Delete
Name: WARRIOR, JENNIFER
Address: 495 NE 12 STREET
City-St-Zip: BOCA RATON, FL 33432

Title: D () Delete
Name: BARKLEY, BRON L
Address: 2215 HIDDEN CREEK DRIVE
City-St-Zip: HUMBLE, TX 77339

Title: D () Delete
Name: WICKWARE, LORELL M
Address: 2805 MEDINA DRIVE
City-St-Zip: TYLER, TX 75701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WARRIOR, JENNIFER
Address: 425 NE 12 STREET
City-St-Zip: BOCA RATON, FL 33432

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY ANN CASSIDY

ST

04/30/2005

Electronic Signature of Signing Officer or Director

Date