2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# F94000005291

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, MARY ANN	
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:	DYAR, JULIE A	
Address:	3523 SIERRA STREET	
City-St-Zip:	JUNUAU, AK 99801	
Title:	D	( ) Delete
Name:	WARRIOR, JENNIFER	
Address:	13750 ONEIDA DRIVE G1	
City-St-Zip:	DELRAY BEACH, FL 33446	
Title:	D	( ) Delete
Name:	BARKLEY, BRON L	
Address:	2215 HIDDEN CREEK DRIVE	
City-St-Zip:	HUMBLE, TX 77339	
Title:	D	( ) Delete
Name:	DANTIN, ENO J SR	
Address:	166 W192ND STREET	
City-St-Zip:	GALLIANO, LA 70354	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	ST	(X) Change ( ) Addition
Name:	DYAR, JULIE A	
Address:	4435 COLUMBIA	
City-St-Zip:	JUNUAU, AK 99801	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
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 exemption stated in Chapter 119, 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 PRES 04/17/2009

Electronic Signature of Signing Officer or Director — Date