2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000001319

FILED Apr 07, 2009 Secretary of State

Entity Name: THE NATIONAL LAW & LEADERSHIP FOUNDATION, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
SUITE 301	DERAL HIGHV				
BOCA RAT	ON, FL 33432	US			
Current Mailing Address:			New Mailing Addres	ss:	
1515 S. FE	DERAL HIGHV	VAY			
SUITE 301 BOCA RAT	ON, FL 33432	US			
FEI Number:	36-3945773	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Cu	ırrent Registered Agent:	Name and Address	of New Registered Agent:	
SUITE 301	SCOT DERAL HWY ON, FL 33421	US			
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:					
	Electroni	Signature of Registered Age	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	SALAMONE, CHIP.O. BOX 81126 BOCA RATON, F D ()I SINOPOLI, STEF 1135 CLIFTON A CLIFTON, NJ 07 D ()I SALAMONE, ANT P.O. BOX 81126 BOCA RATON, F D ()I COLFAX, DANIE 13 MAIN STREE	6 L 33481 Delete PHEN VENUE 1013 Delete THONY C 6 L 33481 Delete L T, SUITE #1	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Address: City-St-Zip:	() Change () Addition () Change () Addition () Change () Addition	
City-St-Zip: Title: Name: Address: City-St-Zip:	SPARTA, NJ 076 S () I BRANDS, SCOT 12334 RIVERFA BOCA RATON, F	Delete LLS COURT	City-St-Zip: Title: Name: Address: City-St-Zip:	() Change () Addition	

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: CHRIS M. SALAMONE DS 04/07/2009