


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 20, 2004 08:00 AM
Secretary of State

DOCUMENT # F99000003963
 1. Entity Name
LAKELAND LEADERSHIP LEAGUE, INC.



Principal Place of Business 1840 WOODMORE DR 100 MONUMENT, CO 80132	Mailing Address 6120 EARLE BROWN DR 450 BROOKLYN CENTER, MN 55430
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08112004 No Chg-NP CR2E037 (10/03)

4. FEI Number 36-3304708	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BROOK, LINDA R
8918 S.E. WATEROAK PLACE
TEQUESTA, FL 33469

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROOK, LINDA R 8918 S.E. WATEROAK PLACE TEQUESTA, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PELTIER, GERALD R 8962 S.E. NORTH PASSAGE WAY TEQUESTA, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED BROOK, LARRY 8918 S.E. WATEROAK PLACE TEQUESTA, FL 33469
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 08/20/04-80006-012 61.25

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **8/11/04**
 Daytime Phone # _____