


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2005 08:00 AM
Secretary of State

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



Principal Place of Business Mailing Address
 1840 WOODMORE DR 6120 EARLE BROWN DR
 100 450
 MONUMENT, CO 80132 BROOKLYN CENTER, MN 55430



05192005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 36-3304708 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$61.25
Due by September 7, 2005

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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 08/08/05-80004-001 61.25

12. 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] 7/29/05 713-488-4344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #