

5-12-97 B-6925 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H27334 (2)
1. Corporation Name
LEADERSHIP MANAGEMENT DEVELOPMENT CENTER, INC.



Principal Place of Business

18020 SW 2ND ST.
MIAMI FL 33184

Mailing Address

12020 SW 2ND ST.
MIAMI FL 33184-1804

3. Date Incorporated or Qualified
10/26/1984

3a. Date of Last Report
04/16/1996

2. Principal Place of Business

21 622 PAVARE CT.

2a. Mailing Address

26 622 PAVARE CT.

4. FEI Number
59-2476835

Applied For
Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

23 WINTER HAVEN, FL

City & State

28 WINTER HAVEN, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

24 33884

Country

25

Zip

29 33884

Country

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DAUGHERTY, KENNETH G.
12020 S.W. 2 STREET
MIAMI FL 33184

10. Name and Address of New Registered Agent

81 Name
DAUGHERTY, KENNETH G.
82 Street Address (P.O. Box Number is Not Acceptable)
622 PAVARE CT.
83
84 City
WINTER HAVEN, FL 85 Zip Code
33884

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE N/A - SAME REGISTERED AGENT - JUST A CHANGE OF ADDRESS

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME DAUGHERTY, KENNETH G.
STREET ADDRESS 12020 SW 2ND ST
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE STD
NAME DAUGHERTY, BARBARA
STREET ADDRESS 12020 SW 2ND ST.
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME DAUGHERTY, KENNETH G.
1.3 STREET ADDRESS 622 PAVARE CT.
1.4 CITY-ST-ZIP WINTER HAVEN, FL 33884 ☒ Change ☐ Addition

2.1 TITLE STD
2.2 NAME DAUGHERTY, BARBARA J.
2.3 STREET ADDRESS 622 PAVARE CT.
2.4 CITY-ST-ZIP WINTER HAVEN, FL 33884 ☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attached statement with an address.

CR2E034 (9/96)