

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000005646

FILED
Oct 23, 2004
Secretary of State**Entity Name:** EXECUTIVE LEADERSHIP ALUMNI ASSOCIATION, INC.**Current Principal Place of Business:**C/O BROWARD SHERIFF'S OFFICE
2601 WEST BROWARD BLVD.
FT. LAUDERDALE, FL 33312**New Principal Place of Business:****Current Mailing Address:**C/O BROWARD SHERIFF'S OFFICE
2601 WEST BROWARD BLVD.
FT. LAUDERDALE, FL 33312**New Mailing Address:****FEI Number:** 01-0648996 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**Name and Address of Current Registered Agent:**FRIEL, WILLIAM
7515 PINE ISLAND ROAD
TAMARAC, FL 33321 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: D () Delete
Name: FRIEL, WILLIAM
Address: 7515 PINE ISLAND ROAD
City-St-Zip: TAMARAC, FL 33321

Title: D () Delete
Name: SPADARO, KIM
Address: 555 SE 1 AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: D () Delete
Name: DICKSON, TOM
Address: 1300 W. BROWARD BLVD.
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: D () Delete
Name: COSMAR, GREG
Address: 311 SOUTH STATE ROAD 7
City-St-Zip: POMPANO BEACH, FL 33068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DICKSON, TOM
Address: 11610 N.W. 21 COURT
City-St-Zip: PLANTATION, FL 33323

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WILLIAM FRIEL

D

10/23/2004

Electronic Signature of Signing Officer or Director

Date