


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

AMEND

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC -9 AM 11:30

DOCUMENT # N01000005646	
1. Entity Name EXECUTIVE LEADERSHIP ALUMNI ASSOCIATION, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business C/O BROWARD SHERIFF'S OFFICE		3. Mailing Address 2601 W. BROWARD BLVD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State FT. LAUDERDALE, FL	
Zip	Country	Zip	Country
33312	USA	33312	USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0648996	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name	WILLIAM FRIEL
Street Address (P.O. Box Number is Not Acceptable)	7515 PINE ISLAND ROAD
City	TAMARAC
FL	Zip Code 33321

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12/3/03

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	WILLIAM FRIEL - DIRECTOR 7515 PINE ISLAND ROAD TAMARAC, FL 33321	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300025337163 12/09/03--01006--020 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KIM SPADARO - DIRECTOR 555 SE 1 AVENUE FT. LAUDERDALE, FL 33301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TOM DICKSON - DIRECTOR 1300 W BROWARD BLVD. FT. LAUDERDALE, FL 33312	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GREG COSMAR - DIRECTOR 311 SOUTH STATE ROAD 7 POMPANO BEACH, FL 33068	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM FRIEL

Date

Daytime Phone #

12/3/03 (954) 720-2225

CR2E037B (12/02)