

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006373

FILED
Apr 28, 2008
Secretary of State

Entity Name: FUTURE LEADERS COMMUNITY DEVELOPMENT CORPORATION, INC.

Current Principal Place of Business:

1733 MERCY DR.
ORLANDO, FL 32808

New Principal Place of Business:

Current Mailing Address:

1733 MERCY DR.
ORLANDO, FL 32808

New Mailing Address:

FEI Number: 59-3740958

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NEWTON, BILLY G
1733 MERCY DR.
ORLANDO, FL 32808 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: DPT () Delete
Name: NEWTON, BILLY G
Address: 306 N. POLLINS AVE.
City-St-Zip: ORLANDO, FL 32805

Title: DS () Delete
Name: PAUL, DELLA
Address: 237 FANFAIR AVE.
City-St-Zip: ORLANDO, FL 32811

Title: D () Delete
Name: PERSON, JOAN
Address: 154 SIR TOPAZ LN.
City-St-Zip: LAKE MARY, FL 32746

Title: D () Delete
Name: HOWELL, EDWARD
Address: 112 BANTRY DR.
City-St-Zip: LAKE MARY, FL 32746

Title: D () Delete
Name: INGRAM, DAROLD
Address: 3804 WELLS ST.
City-St-Zip: ORLANDO, FL 32805

Title: D () Delete
Name: NEWTON, TOBE
Address: 428 COTTAGE HILL RD.
City-St-Zip: ORLANDO, FL 32805

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change () Addition
Name: MCKINNON, PAMELA C
Address: 11674 SIR WINSTON WAY.
City-St-Zip: ORLANDO, FL 32824

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: BILLY G. NEWTON

PRES

04/28/2008

Electronic Signature of Signing Officer or Director

Date