2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# N03000005570

Entity Name: LEADERSHIP PINELLAS FOUNDATION, INC.

Current Principal Place of Business:

146 GULL AIRE BLVD
OLDSMAR, FL 34677

New Principal Place of Business:

253 WOODLAKE WYNDE
OLDSMAR, FL 34677

Current Mailing Address:

146 GULL AIRE BLVD
OLDSMAR, FL 34677

New Mailing Address:

253 WOODLAKE WYNDE
OLDSMAR, FL 34677

FEI Number: 20-0359792 **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:

COREN, HARRIET K
146 GULL AIRE BLVD
OLDSMAR, FL 34677 US

Name and Address of New Registered Agent:

COREN, HARRIET K
253 WOODLAKE WYNDE
OLDSMAR, FL 34677 US

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: HARRIET K. COREN 04/28/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: DANIELS, SCOTT L
Address: 1988 GULF-TO-BAY BLVD
City-St-Zip: CLEARWATER, FL 33765

Title: DS ( ) Delete
Name: MARTIN-HAWES, SUZE
Address: 2101 INDIAN ROCKS RD S
City-St-Zip: LARGO, FL 33774

Title: DT ( ) Delete
Name: BOLLENBACK, MICHAEL D
Address: 1000 PINELLAS ST
City-St-Zip: CLEARWATER, FL 33756

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: SCOTT L. DANIELS P 04/28/2006
Electronic Signature of Signing Officer or Director Date