

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005570

FILED  
May 10, 2007  
Secretary of State

**Entity Name:** LEADERSHIP PINELLAS FOUNDATION, INC.

**Current Principal Place of Business:**

253 WOODLAKE WYNDE  
OLDSMAR, FL 34677

**New Principal Place of Business:**

1000 PINELLAS STREET  
CLEARWATER, FL 33756

**Current Mailing Address:**

253 WOODLAKE WYNDE  
OLDSMAR, FL 34677

**New Mailing Address:**

1000 PINELLAS STREET  
CLEARWATER, FL 33756

**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  
253 WOODLAKE WYNDE  
OLDSMAR, FL 34677      US

**Name and Address of New Registered Agent:**

PATRICK, SUZANNE E  
1000 PINELLAS STREET  
CLEARWATER, FL 33756      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: SUZANNE E. PATRICK

05/10/2007

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 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

DP

05/10/2007

Electronic Signature of Signing Officer or Director

Date