

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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04212004 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # N03000007124</b>					
<b>1. Entity Name</b> LEADERS OF TOMORROW MENTOR AND VOLUNTEER PROGRAM, INC.				<b>Principal Place of Business</b> 4549 WESTOVER DR. TALLAHASSEE, FL 32303	
<b>Mailing Address</b> P. O. BOX 37245 TALLAHASSEE, FL 32315-7245				<b>2. Principal Place of Business</b>	
<b>3. Mailing Address</b> 4549 Westover Dr.				<b>4. FEI Number</b> 43-2025649	
Suite, Apt. #, etc.				Applied For <input type="checkbox"/> Not Applicable	
<b>City &amp; State</b> Tallahassee, FL.				<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>Zip</b> 32303		<b>Country</b> USA		<b>6. Name and Address of Current Registered Agent</b> VISIONS OF A BRIGHTER TOMORROW MINISTRIES 4549 WESTOVER DR. TALLAHASSEE, FL 32303	
<b>7. Name and Address of New Registered Agent</b>				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> D <b>NAME</b> EZEKIEL, JAMES <b>STREET ADDRESS</b> 4549 WESTOVER DR. <b>CITY-ST-ZIP</b> TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800033797008 04/26/04--01008--018 **\$61.25	
<b>TITLE</b> D <b>NAME</b> EZEKIEL, SHERI <b>STREET ADDRESS</b> 4549 WESTOVER DR. <b>CITY-ST-ZIP</b> TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> KINCEY, SUNDRA <b>STREET ADDRESS</b> 152-A LOCKE ST. <b>CITY-ST-ZIP</b> TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Kincey, Sundra <b>STREET ADDRESS</b> 3400 Old Bainbridge Rd. #109 <b>CITY-ST-ZIP</b> Tallahassee, FL. 32303	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> MOBLEY, LASHAWNDA <b>STREET ADDRESS</b> 2132 WESLEY CT. <b>CITY-ST-ZIP</b> TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> WILLIAMS, JAMES <b>STREET ADDRESS</b> 711 BROOKRIDGE DR. <b>CITY-ST-ZIP</b> TALLAHASSEE, FL 32310	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> WILLIAMS, PATRICIA <b>STREET ADDRESS</b> 711 BROOKRIDGE DR. <b>CITY-ST-ZIP</b> TALLAHASSEE, FL 32310	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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 Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <u>James T. Ezekiel</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/21/04 (850) 264-2765 <small>Date Daytime Phone #</small>		