

# 2007 NOT-FOR-PROFIT CORPORATION - ANNUAL REPORT

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000010296**

1. Entity Name  
**THE CENTER FOR LEADERSHIP EXCELLENCE AND  
APPLIED RESEARCH, INC.**



Principal Place of Business  
**5496 EAGLE LAKE DRIVE  
PALM BEACH GARDENS, FL 33418**

Mailing Address  
**5496 EAGLE LAKE DRIVE  
PALM BEACH GARDENS, FL 33418**



04242007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**56-2436463**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**PIZZINO, JERRY  
5496 EAGLE LAKE DRIVE  
PALM BEACH GARDENS, FL 33418**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee Is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	PIZZINO, JERRY
STREET ADDRESS	5496 EAGLE LAKE DRIVE
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	VST
NAME	ANDERSON, PENNY L
STREET ADDRESS	2201 MAPLEWOOD DRIVE
CITY-ST-ZIP	WEST PALM BEACH, FL 33415
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/14/07-80002-019 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

**SIGNATURE:**

*Gerald P. Pizzino*  
**GERALD P. PIZZINO**

**4/24/07**

Date

**(561) 691-9843**

Daytime Phone #