

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001890

FILED
Mar 31, 2009
Secretary of State

Entity Name: INTERNATIONAL LEADERSHIP TRAINING INSTITUTE, INC.

Current Principal Place of Business:

3069 HIGHCLIFF CT
COLUMBUS, OH 43231

New Principal Place of Business:

Current Mailing Address:

PO BOX 934273
MARGATE, FL 330934273

New Mailing Address:

PO BOX 934273
MARGATE, FL 330934273 US

FEI Number: 43-0995760

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEIL, LETITIA ANN
3931 COCONUT CREEK BLVD
COCONUT CREEK, FL 33066 US

Name and Address of New Registered Agent:

HEIL, LETITIA A
3931 COCONUT CREEK BLVD
COCONUT CREEK, FL 33066 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: LETITIA A HEIL

03/31/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HEIL, DOUGLAS H
Address: 3069 HIGHCLIFF CT
City-St-Zip: COLUMBUS, OH 43231

Title: V () Delete
Name: HEIL, LETITIA
Address: 3931 COCONUT CREEK BLVD
City-St-Zip: COCONUT CREEK, FL 33066

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: LETITIA A HEIL

V

03/31/2009

Electronic Signature of Signing Officer or Director

Date