

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90440 016 \*\*\*\*61.25

**DOCUMENT # N04000004478**

1. Entity Name  
**LEADERSHIP ACADEMY WEST INC.**



Principal Place of Business  
**12230 W FOREST HILL BLVD STE 178  
WELLINGTON, FL 33414**

Mailing Address  
**12230 W FOREST HILL BLVD STE 178  
WELLINGTON, FL 33414**

**50016011**



2. Principal Place of Business

**2030 S. Congress Ave.**

Suite, Apt. #, etc.

3. Mailing Address

**2030 S. Congress Ave.**

Suite, Apt. #, etc.

04102006 Chg-NP CR2E037 (11/05)

City & State

**West Palm Beach, FL**

City & State

**West Palm Beach, FL**

4. FEI Number

**02-0721623**

Applied For

Not Applicable

Zip

**33406**

Country

**USA**

Zip

**33406**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**AZZARO, ALICE  
12230 W. FOREST HILL BLVD.  
SUITE 178  
WELLINGTON, FL 33414**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete  
NAME **AZZARO, ALICE GUY**  
STREET ADDRESS **12230 W FOREST HILL BLVD STE 178**  
CITY-ST-ZIP **WELLINGTON, FL 33414**

TITLE **V** ☐ Delete  
NAME **BRET, NICOLE**  
STREET ADDRESS **12230 W FOREST HILL BLVD STE 178**  
CITY-ST-ZIP **WELLINGTON, FL 33414**

TITLE **ST** ☐ Delete  
NAME **EARLE, KELLY**  
STREET ADDRESS **12230 W FOREST HILL BLVD STE 178**  
CITY-ST-ZIP **WELLINGTON, FL 33414**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **2030 S. Congress Ave.**  
CITY-ST-ZIP **West Palm Beach, FL 33406**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **2030 S. Congress Ave.**  
CITY-ST-ZIP **West Palm Beach, FL 33406**

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #