2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N04000005831

Entity Name: LEADERSHIP IN ACTION FOUNDATION CORP.

Current Principal Place of Business:

10251 METRO PKWY
SUITE 116
FORT MYERS, FL 33966 US

New Principal Place of Business:

8359 BEACON BLVD
SUITE 322
FORT MYERS, FL 33907 US

Current Mailing Address:

10251 METRO PKWY
SUITE 116
FORT MYERS, FL 33966 US

New Mailing Address:

8359 BEACON BLVD
SUITE 322
FORT MYERS, FL 33907 US

FEI Number: 20-1240681 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRUMPACKER, TINA
10251 METRO PKWY
SUITE 116
FORT MYERS, FL 33912 US

Name and Address of New Registered Agent:

CRUMPACKER, TINA
8359 BEACON BLVD
SUITE 322
FORT MYERS, FL 33907 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: TINA CRUMPACKER 04/30/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DT ( ) Delete
Name: VELAZQUEZ, CARLOS
Address: 12501 METRO PKWY, SUITE 116
City-St-Zip: FORT MYERS, FL 33966 US

Title: DV ( ) Delete
Name: CRUMPACKER, TINA
Address: 12501 METRO PKWY, SUITE 116
City-St-Zip: FORT MYERS, FL 33966 US

Title: DP ( ) Delete
Name: POND, STANLEY
Address: 12501 METRO PKWY, SUITE 116
City-St-Zip: FORT MYERS, FL 33966 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change ( ) Addition
Name: VELAZQUEZ, CARLOS
Address: 8359 BEACON BLVD STE 322
City-St-Zip: FORT MYERS, FL 33907 US

Title: DV (X) Change ( ) Addition
Name: CRUMPACKER, TINA
Address: 8359 BEACON BLVD STE 322
City-St-Zip: FORT MYERS, FL 33907 US

Title: DP (X) Change ( ) Addition
Name: POND, STANLEY
Address: 8359 BEACON BLVD STE 322
City-St-Zip: FORT MYERS, FL 33907 US

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: STANLEY E POND DP 04/30/2008
Electronic Signature of Signing Officer or Director Date