

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Apr 28, 2005 8:00 am  
Secretary of State**

04-28-2005 90213 025 \*\*\*\*70.00

DOCUMENT # N04000006929



1. Entity Name  
FUTURE LEADERS OF AMERICA GATHERINGS,  
INCORPORATED

Principal Place of Business  
3480 NW 2ND ST  
FT LAUDERDALE, FL 33311

Mailing Address  
3480 NW 2ND ST  
FT LAUDERDALE, FL 33311

2. Principal Place of Business

3. Mailing Address  
*P.O. Box 6262*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
*Ft. Lauderdale, Florida*

Zip

Zip  
*33310*

Country  
*USA*

6. Name and Address of Current Registered Agent

FOX, ALAETRICE  
6640 NW 21ST ST  
SUNRISE, FL 33313

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, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PST  
GULLETT, MARGO  
2211 NW 64TH AVE - APT 1  
SUNRISE, FL 33313

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPST  
LACUE, YOLANDA  
6251 SW 4TH ST  
MARGATE, FL 33068

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

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.

SIGNATURE:

*Margo Gullett* Margo Gullett

4/26/05 (954) 572-3123  
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR