

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009659

FILED
Mar 31, 2007
Secretary of State

Entity Name: NELSON LEADERSHIP INITIATIVES, INC.

Current Principal Place of Business:

4255 S.W. 153 TERR.
MIRAMAR, FL 33027

New Principal Place of Business:

Current Mailing Address:

4255 S.W. 153 TERR.
MIRAMAR, FL 33027

New Mailing Address:

FEI Number: 20-1664073

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NELSON, GALE S
4255 S.W. 153 TERR.
MIRAMAR, FL 33027 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NELSON, GALE S
Address: 4255 S.W. 153 TERR.
City-St-Zip: MIRAMAR, FL 33027

Title: D () Delete
Name: WILLINGALE, MARTIN
Address: 4255 S.W. 153 TERR.
City-St-Zip: MIRAMAR, FL 33027

Title: D () Delete
Name: BAEZ, RAUL
Address: 4255 SW 153 TERRACE
City-St-Zip: MIRAMAR, FL 33027

Title: D () Delete
Name: KATO, LILI
Address: 4255 SW 153 TERRACE
City-St-Zip: MIRAMAR, FL 33027

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: GRANT, STEVE
Address: 4255 SW 153 TERRACE
City-St-Zip: MIRAMAR, FL 33027

I hereby certify that the information supplied with this filing does not qualify for the 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: GALE S NELSON

D

03/31/2007

Electronic Signature of Signing Officer or Director

Date