

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2006 8:00 am
Secretary of State

07-18-2006 90086 004 ****70.00

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07072006 Chg-NP CR2E037 (4/06)

4. FEI Number 20 3355496 Applied For
Not Applicable
5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

DOCUMENT # N05000008497
1. Entity Name
LEADERSHIP HENDRY & GLADES COUNTIES, INC.



Principal Place of Business
125 E. HICKPOCHEE AVE
STE. 2
LABELLE, FL 33935

Mailing Address
PO BOX 2444
LABELLE, FL 33975

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

6. Name and Address of Current Registered Agent
LUCKEY, OWEN L JR.
90 HOWE AVE.
LABELLE, FL 33935

7. Name and Address of New Registered Agent
Name Janice Groves
Street Address (P.O. Box Number is Not Acceptable) 125 E. Hickpochee Ave.
Unit 2
City LaBelle FL Zip Code 33935

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] DATE 7-14-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 6, 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	Chairman	<input type="checkbox"/> Delete
NAME	Phillip Keyes	
STREET ADDRESS	P.O. Box 128	
CITY-ST-ZIP	LaBelle, FL 33975	
TITLE	Vice Chairman	<input type="checkbox"/> Delete
NAME	Janice Groves	
STREET ADDRESS	P.O. Box 2518	
CITY-ST-ZIP	LaBelle, FL 33975	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	Elizabeth Fountain	
STREET ADDRESS	4571 Colchica, Blvd	
CITY-ST-ZIP	Fort Myers, FL 33966	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Deborah Van Sickle	
STREET ADDRESS	101 Ridgewood Ave.	
CITY-ST-ZIP	Clewiston, FL 33440	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	Scott Royal	
STREET ADDRESS	802 NW 1st Street	
CITY-ST-ZIP	South Bay, FL 33493	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	Ron Hamel	
STREET ADDRESS	P.O. Box 1319	
CITY-ST-ZIP	LaBelle, FL 33975	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARA TOWNSEND	
STREET ADDRESS	P.O. Box 456	
CITY-ST-ZIP	LaBelle, FL 33975	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRIS CHAPMAN	
STREET ADDRESS	1820 CR 833	
CITY-ST-ZIP	Clewiston, FL 33440	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cheryl Eby	
STREET ADDRESS	528 E. Sugarland Hwy	
CITY-ST-ZIP	Clewiston, FL 33440	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Denise Roth	
STREET ADDRESS	1820 CR-833	
CITY-ST-ZIP	Clewiston, FL 33440	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kevin Thomas	
STREET ADDRESS	3373 Delwood Terrace	
CITY-ST-ZIP	LaBelle, FL 33935	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARK MORTON	
STREET ADDRESS	3200 Bailey Lane #120	
CITY-ST-ZIP	INAPLES, FL 34105	

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] Date July 14, 2006 Daytime Phone # (863) 675-3813
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR