2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State
02-11-2008 90062 033 ****70.00

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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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip | Country

Zip | Country

02012008 Chg-NP CR2E037 (12/06)

4. FEI Number 20-3355496 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GROVES, JANICE
125 EAST HICKPOCHEE AVE
UNIT 2
LABELLE, FL 33935

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] Chair 2-1-08
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, 2008

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	D	☒ Delete
NAME	KEYES, PHILLIP	
STREET ADDRESS	PO BOX 128	
CITY-ST-ZIP	LABELLE, FL 33975	
TITLE	C	☐ Delete
NAME	GROVES, JANICE	
STREET ADDRESS	PO BOX 2518	
CITY-ST-ZIP	LABELLE, FL 33975	
TITLE	D	☒ Delete
NAME	FOUNTAIN, ELIZABETH	
STREET ADDRESS	4571 COLONIAL BLVD	
CITY-ST-ZIP	FT. MYERS, FL 33966	
TITLE	T	☐ Delete
NAME	VAN SICKLE, DEBORAH	
STREET ADDRESS	101 RIDGEWOOD AVE	
CITY-ST-ZIP	CLEWISTON, FL 33440	
TITLE	VC	☐ Delete
NAME	CHAPMAN, TRISTAN	
STREET ADDRESS	1820 COUNTY RD 833	
CITY-ST-ZIP	CLEWISTON, FL 33440	
TITLE	D	☐ Delete
NAME	HAMEL, RON	
STREET ADDRESS	PO BOX 1319	
CITY-ST-ZIP	LABELLE, FL 33975	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	☐ Change ☒ Addition
NAME	Denise Roth	
STREET ADDRESS	1820 CR 833	
CITY-ST-ZIP	Clewiston, FL 33440	
TITLE	D	☐ Change ☒ Addition
NAME	Estela Hernandez	
STREET ADDRESS	POB 2518	
CITY-ST-ZIP	LaBelle, FL 33975	
TITLE	D	☐ Change ☒ Addition
NAME	Debbie Misotti	
STREET ADDRESS	1655 Panama Ave.	
CITY-ST-ZIP	Clewiston, FL 33440	
TITLE	D	☐ Change ☒ Addition
NAME	Sara Townsend	
STREET ADDRESS	POB 456	
CITY-ST-ZIP	LaBelle, FL 33975	
TITLE	D	☐ Change ☒ Addition
NAME	Kim Hamilton	
STREET ADDRESS	17780 Oak Creek Rd.	
CITY-ST-ZIP	Alva, FL 33920	
TITLE	D	☐ Change ☒ Addition
NAME	Danielle Toms	
STREET ADDRESS	POB 519	
CITY-ST-ZIP	Moore Haven, FL 33471	

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] 2-1-08 863-675-6007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Title D
Name Kevin Thomas
Street 9045 SE Raintree Blvd

Addition