2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N05000008497

1. Entity Name
LEADERSHIP HENDRY & GLADES COUNTIES, INC.

Principal Place of Business	Mailing Address
125 E. HICKPOCHEE AVE STE. 2 LABELLE, FL 33935	PO BOX 2444 LABELLE, FL 33975

02012008 Chg-NP CR2E037 (12/06)

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

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	7. Name and Address of New Registered Agent
GROVES, JANICE 125 EAST HICKPOCHEE AVE UNIT 2 LABELLE, FL 33935	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: _____ 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KEYES, PHILLIP PO BOX 128 LABELLE, FL 33975	☒ Delete	D Denise Roth 1820 CR 833 Clewiston, FL 33440	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C GROVES, JANICE PO BOX 2518 LABELLE, FL 33975	☐ Delete	D Estela Hernandez POB 2518 LaBelle, FL 33975	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FOUNTAIN, ELIZABETH 4571 COLONIAL BLVD FT. MYERS, FL 33966	☒ Delete	D Debbie Misotti 1655 Panama Ave. Clewiston, FL 33440	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T VAN SICKLE, DEBORAH 101 RIDGEWOOD AVE CLEWISTON, FL 33440	☐ Delete	D Sara Townsend POB 456 LaBelle, FL 33975	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC CHAPMAN, TRISTAN 1820 COUNTY RD 833 CLEWISTON, FL 33440	☐ Delete	D Kim Hamilton 17780 Oak Creek Rd. Alva, FL 33920	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAMEL, RON PO BOX 1319 LABELLE, FL 33975	☐ Delete	D Danielle Toms POB 519 Moore Haven, FL 33471	☐ Change ☒ Addition

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: _____ 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 Bird
Street 6045 SE Raintree Blvd
Addition