

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008497

FILED  
Apr 13, 2009  
Secretary of State

Entity Name: LEADERSHIP HENDRY & GLADES COUNTIES, INC.

**Current Principal Place of Business:**

125 E. HICKPOCHEE AVE  
STE. 2  
LABELLE, FL 33935

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2444  
LABELLE, FL 33975

**New Mailing Address:**

FEI Number: 20-3355496

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

GROVES, JANICE  
125 E HICKPOCHEE AVE  
SUITE 2  
LABELLE, FL 33935 US

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

04/13/2009

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ROTH, DENISE  
Address: 1820 CR 833  
City-St-Zip: CLEWISTON, FL 33440

Title: C ( ) Delete  
Name: GROVES, JANICE  
Address: PO BOX 2518  
City-St-Zip: LABELLE, FL 33975

Title: D ( ) Delete  
Name: MISOTTI, DEBBIE  
Address: 1655 PANAMA AVE  
City-St-Zip: CLEWISTON, FL 33440

Title: T ( ) Delete  
Name: VAN SICKLE, DEBORAH  
Address: 101 RIDGEWOOD AVE  
City-St-Zip: CLEWISTON, FL 33440

Title: VC ( ) Delete  
Name: CHAPMAN, TRISTAN  
Address: 1820 COUNTY RD 833  
City-St-Zip: CLEWISTON, FL 33440

Title: D ( ) Delete  
Name: HAMEL, RON  
Address: PO BOX 1319  
City-St-Zip: LABELLE, FL 33975

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: SEC (X) Change ( ) Addition  
Name: ROTH, DENISE  
Address: 1820 CR 833  
City-St-Zip: CLEWISTON, FL 33440

Title: C (X) Change ( ) Addition  
Name: GROVES, JANICE  
Address: PO BOX 2444  
City-St-Zip: LABELLE, FL 33975

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

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

Title: VC (X) Change ( ) Addition  
Name: HAMILTON, KIM  
Address: POB 1760  
City-St-Zip: LABELLE, FL 33975

Title: D (X) Change ( ) Addition  
Name: TOWNSEND, SARA  
Address: PO BOX 456  
City-St-Zip: LABELLE, FL 33975

I hereby certify that the information supplied with this filing does not qualify 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: JANICE GROVES

Electronic Signature of Signing Officer or Director

MRS

04/13/2009

Date