## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000010872

FILED Mar 01, 2007 Secretary of State

Entity Name: PERUVIAN CENTER FOR LEADERSHIP DEVELOPMENT, INC.

Current Principal Place of Business: New Principal Place of Business:

6885 OLD MIDDLEBURG ROAD SOUTH JACKSONVILLE, FL 32222

Current Mailing Address: New Mailing Address:

6885 OLD MIDDLEBURG ROAD SOUTH JACKSONVILLE, FL 32222

FEI Number: 76-0810219 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

PIER, MICHAEL 6885 OLD MIDDLEBURG ROAD SOUTH JACKSONVILLE, FL 32222 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 Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: TV () Delete Title: TV (X) Change () Addition

 Name:
 ALEXANDER, LEE D
 Name:
 ALEXANDER, LEE D

 Address:
 924 FLOYED STREET
 Address:
 1037 GREENWILLOW DR

City-St-Zip: GREEN COVE SPRINGS, FL 32043 City-St-Zip: SAINT MARYS, GA 31558

Title: TP ( ) Delete Title: TP (X) Change ( ) Addition

Name: SEHON, MICHAEL Name: SEHON, MICHAEL
Address: AV. BUEN RETIRO 100. MONTERRICO CHICO. Address: LOS DELFINES DE CAYMA A-2.

City-St-Zip: LIMA 100 PERU, SOUTH AMERICA, City-St-Zip: CAYMA, AREQUIPA, PERU, S.A., SA 00000

Name: PIERN, MICHAEL Name: PIER, MICHAEL

Address: 6885 OLD MIDDLEBURG ROAD SOUTH Address: 6885 OLD MIDDLEBURG ROAD SOUTH

City-St-Zip: JACKSONVILLE, FL 32222 City-St-Zip: JACKSONVILLE, FL 32222

Title: O ( ) Delete Title: O (X) Change ( ) Addition

 Name:
 MCMAHON, MICHAEL
 Name:
 MCMAHON, MICHAEL

 Address:
 738 GATEVIEW AVE
 Address:
 12366 E SHERATON AVE

 City-St-Zip:
 ALBANY, CA 947061030
 City-St-Zip:
 BATON ROUGE, LA 70815

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: MICHAEL J. PIER TT 03/01/2007