2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2007 8:00 am
Secretary of State
04-30-2007 90476 049 ****61.25

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DOCUMENT # N0600005153 1. Entity Name LEADERSHIP AND PUBLIC POLICY ACADEMY, INC.											
Principal Place 2900 - 68TH ST PETERSBL	AVENUE SO	Melling Address 2900 - 68TH AVENUE SOUTH ST PETERSBURG, FL 33712			66015878						
2. Principal Place of Business - No P.O. Box # 3. Making Address											
Suite, Apt. P. etc.			Suite, Apt. 9, etc.				04262007 Ch	g-NP	CR2E03	7 (12/06)	
City & State			City & State				20-483	1250	<u></u>		plied For t Applicable
Ζφ	p Country		Ziρ		Country		5. Certificate of Str			8.75 Add	Monal 1
	6. Name	and Address of Current 5	legistere	Agent		Name	7. Name and Add	ness of New Ra	gistered A	gent	
HELM, ADRIEN W						Reality					
2900 - 68T ST PETER	H AVENU				Street Address (P.O. Box Number is Not Acceptable)						
					City			FL	Zip Code	,	
8. The above named sntity 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 Sprinkent, typend or printed reprint and separated agent and title 8 applicable. (MOTE: Registered Agent algorithms required when reintelling) DATE											
	Signature, lyperd	er pirited quite of registered agent a	nd title II appli	ORDAN PROTE	: Pagister	d Agent eigheile e maair	nd when mirritalings		DATE		
Filing Fee is \$61.25 9. Election Campaign F Due by May 1, 2007 Trust Fund Contribut							\$5.00 May Be Added to Fees			payable tr ment of St	
10. OFFICERS AND DIF			ECTORS 11.				ADDITIONS/CHANGE	S TO OFFICE	S AND DIF	ECTORS IN	10
TITLE	TITLE P NAME HELM; EDWARD G				TITL					Cyanda	Addition
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CITY-ST-2F ST PETERSBURG, FL 33712			спу-			-51-29					
TITUE	ST			C) Outsta	m	_				Chaute	Addition
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CITY-ST-ZIP	-					-S1-ZP]
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NAME					N/A	_	•			-	
CITY-ST-ZP	ļ				• • • • • • • • • • • • • • • • • • • •	ET ADDRESS (-ST-ZBP					i
	certify that th	e information supplied with	this filling	does not qualify fo			ed in Chapter 119. Flor	ida Statutes. I I	further centil	y that the in	formation
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 outh; that I am an officer or director of the corporation or the-seculative or trustee empowered this report as required by Chapter 617. Floride Statutes: and that my name appears in Block 10 or Block 11 if changed, or on an attachpent with an address, with all other like empowered.											
SIGNATURE: HULL W. Helm Treasures Adrien W. Helm 4/34/01 727 867 5947											