

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007570

FILED
Mar 14, 2008
Secretary of State

Entity Name: REVOLUTION LEADERSHIP, INC.

Current Principal Place of Business:

1917 PALM VISTA DR.
APOPKA, FL 32712

New Principal Place of Business:

4509 LAKE LAWNE AVENUE
ORLANDO, FL 32808

Current Mailing Address:

1917 PALM VISTA DR.
APOPKA, FL 32712

New Mailing Address:

4509 LAKE LAWNE AVENUE
ORLANDO, FL 32808

FEI Number: 20-5245175

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HICKS, AUDREY K
1917 PALM VISTA DR.
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

CHISHOLM, AUDREY K
4509 LAKE LAWNE AVENUE
ORLANDO, FL 32808 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: AUDREY K. CHISHOLM

03/14/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HICKS, AUDREY K
Address: 1917 PALM VISTA DR.
City-St-Zip: APOPKA, FL 32712

Title: VD () Delete
Name: THOMAS, TARSHA L
Address: 1625 SUNRIDGE DRIVE
City-St-Zip: APOPKA, FL 32703

Title: STD () Delete
Name: CHISHOLM, JUAN P
Address: 4905 LAKE LAWNE AVE.
City-St-Zip: ORLANDO, FL 32808

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CHISHOLM, AUDREY K
Address: 4509 LAKE LAWNE AVENUE
City-St-Zip: ORLANDO, FL 32808

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

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

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: AUDREY K. CHISHOLM

PD

03/14/2008

Electronic Signature of Signing Officer or Director

Date