

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000456

FILED  
May 01, 2011  
Secretary of State

**Entity Name:** COMMUNITY LEADERSHIP INSTITUTE, INC.

**Current Principal Place of Business:**

901 DOUGLAS AVENUE  
SUITE 205  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

901 DOUGLAS AVENUE  
SUITE 205  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

**FEI Number:** 20-8946079

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEGRAND, FRANTZ P  
3182 TALA LOOP  
LONGWOOD, FL 32779 US

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

LEGRAND, FRANTZ P  
901 DOUGLAS AVENUE  
SUITE 205  
ALTAMONTE SPRINGS, FL 32714 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: FRANTZ P. LEGRAND

05/01/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LEGRAND, FRANTZ P  
Address: 901 DOUGLAS AVENUE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: VP  
Name: PROSPER-LEGRAND, JASMINE  
Address: 901 DOUGLAS AVENUE SUITE 205  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby 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 all other like empowered.

SIGNATURE: FRANTZ P. LEGRAND

P

05/01/2011

Electronic Signature of Signing Officer or Director

Date