

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002146

FILED
Mar 19, 2008
Secretary of State

Entity Name: THE NICKI LEACH FOUNDATION, INC.

Current Principal Place of Business:

190 COASTAL OAK CIRCLE
PONTE VEDRA BEACH, FL 32082 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1657
PONTE VEDRA BEACH, FL 32004-165 US

New Mailing Address:

FEI Number: 20-8017371

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONTEMPORARY BUSINESS SERVICES
7070 HERSCHEL STREET
JACKSONVILLE, FL 32082 US

Name and Address of New Registered Agent:

CELESTE B. LEACH
190 COASTAL OAK CIRCLE
PONTE VEDRA BEACH, FL 32082 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: CELESTE B. LEACH

03/19/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: MD () Delete
Name: PITEL, PAUL A
Address: 807 NIRA STREET
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: REV () Delete
Name: PISARCHUK, THEODORE
Address: 12460 ST. AUGUSTINE ROAD
City-St-Zip: JACKSONVILLE, FL 32258

Title: VP () Delete
Name: HUNTER, NINA D
Address: 225 WATER STREET 5TH FLOOR
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: LMHC () Delete
Name: CINDY, RICCHETTI L
Address: 334 2ED AVENUE NORTH
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: ESQ () Delete
Name: LINDA, WICKER R
Address: 44 JACKSON AVE
City-St-Zip: JACKSONVILLE, FL 32082

Title: CPA () Delete
Name: THOMAS, HAZOURI L
Address: 6817 SOUTH POINT PARKWAY
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: DIR (X) Change () Addition
Name: ADAMS, SCOTT L
Address: 4070 HERSCHEL STREET SUITE 1
City-St-Zip: JACKSONVILLE, FL 32210

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: CELESTE B. LEACH

DIR

03/19/2008

Electronic Signature of Signing Officer or Director

Date