2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002146

FILED Jan 05, 2012 Secretary of State

Entity Name: THE NICKI LEACH FOUNDATION, INC.

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

190 COASTAL OAK CIRCLE

PONTE VEDRA BEACH, FL 32082 US

Current Mailing Address: New Mailing Address:

190 COASTAL OAK CIRCLE

PONTE VEDRA BEACH, FL 32082 US

FEI Number: 20-8017371 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: MD

Name: PITEL, PAUL A Address: 807 NIRA STREET

City-St-Zip: JACKSONVILLE, FL 32207 US

Title: REV

Name: PISARCHUK, THEODORE
Address: 12460 ST. AUGUSTINE ROAD
City-St-Zip: JACKSONVILLE, FL 32258

Title: VP

Name: HUNTER, NINA D

Address: 225 WATER STREET 5TH FLOOR City-St-Zip: JACKSONVILLE, FL 32202 US

Title: LMHC

Name: CINDY, RICHETTI L Address: 334 2ED AVENUE NORTH

City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: DIR

Name: ADAMS, SCOTT L

Address: 4070 HERSCHEL STREET SUITE 1 City-St-Zip: JACKSONVILLE, FL 32210

Title: CPA

Name: THOMAS, HAZOURI L

Address: 6817 SOUTH POINT PARKWAY City-St-Zip: JACKSONVILLE, FL 32216

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: CELESTE B. LEACH MS 01/05/2012