

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006138

FILED
Apr 10, 2009
Secretary of State

Entity Name: LEADERSHIP FLORIDA CONNECT, INC.

Current Principal Place of Business:

136 SOUTH BRONOUGH ST.
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

136 SOUTH BRONOUGH ST.
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 56-2670639

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABBERGER, WENDY
136 SOUTH BRONOUGH ST.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: CD () Delete
Name: GODELIA, VINETTE
Address: 123 S CALHOUN STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: SD () Delete
Name: FRANKE, PETE
Address: 100 S. ASHLEY DRIVE, SUITE 1500
City-St-Zip: TAMPA, FL 33602

Title: TD () Delete
Name: WALKER, MATT
Address: 36474A EMERALD COAST PKWY, SUITE 1201
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: HANSEN, JOE
Address: 10159 CYPRESS LAKES PRESERVE DRIVE
City-St-Zip: LAKE WORTH, FL 33467-364

Title: SD (X) Change () Addition
Name: FRANKE, PETE
Address: 100 S. ASHLEY DRIVE, SUITE 1500
City-St-Zip: TAMPA, FL 33602-531

Title: TD (X) Change () Addition
Name: LOPEZ, KIMBERLY
Address: 420 S ORANGE AVE, SUITE 1200
City-St-Zip: ORLANDO, FL 32801

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: WENDY ABBERGER

RA

04/10/2009

Electronic Signature of Signing Officer or Director

_____ Date