## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000007420

Entity Name: LEAD FOUNDATION, INC.

FILED Apr 30, 2009 Secretary of State

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

10940 HARMONY PARK DR 10491 SIX MILE CYPRESS PARKWAY BONITA SPRINGS, FL 34135

SUITE 204

FORT MYERS, FL 33966

**Current Mailing Address:** New Mailing Address:

10940 HARMONY PARK DR 10491 SIX MILE CYPRESS PARKWAY

BONITA SPRINGS, FL 34135 SUITE 204

FORT MYERS, FL 33966

FEI Number: 26-3123674 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SCOTT, STEPHEN H SCOTT, STEPHEN H 10491 SIX MILE CYPRESS PARKWAY 10940 HARMONY PARK DR

BONITA SPRINGS, FL 34135 US SUITE 204

FORT MYERS, FL 33966 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: STEPHEN H. SCOTT 04/30/2009

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition

SCOTT, STEPHEN H SCOTT, STEPHEN H Name: Name:

10940 HARMONY PARK DR Address: 10491 SIX MILE CYPRESS PARKWAY SUITE 204 Address:

City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: FORT MYERS, FL 33966

Title: DIR Title: () Delete () Change () Addition

Name: THOMAS, JIM Name: Address: 6796 BROKEN ARROW Address: City-St-Zip: FORT MYERS, FL 33912 City-St-Zip:

Title: DIR () Delete Title: () Change () Addition

MALONEY, JAMES D Name: Name: Address: 17 WEST SIXTY-NINTH TER Address: City-St-Zip: KANSAS CITY, MO 64113 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: STEPHEN H. SCOTT DIR 04/30/2009