

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007513

FILED
Jan 23, 2009
Secretary of State

Entity Name: LEADERSHIP CONFIDENCE, INC.

Current Principal Place of Business:

1237 KENWAY CIRCLE
SMYRNA, GA 30082

New Principal Place of Business:

Current Mailing Address:

1237 KENWAY CIRCLE
SMYRNA, GA 30082

New Mailing Address:

FEI Number: 26-3150919

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEIER, GREGORY W ESQ
SHUFFIELD LOWMAN & WILSON, P.A.
1000 LEGION PLACE SUITE 1700
ORLANDO, FL 32801 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: DCP () Delete
Name: COLEMAN, DAVID M
Address: 1237 KENWAY CIRCLE
City-St-Zip: SMYRNA, GA 30082

Title: DVPS () Delete
Name: FRISBY, WILLIAM K
Address: 624 DOUBLETTRACE LANE
City-St-Zip: PEACHTREE CITY, GA 30269

Title: DT () Delete
Name: SHERIDAN, JOHANNA M
Address: 2036 COLEMAN STREET
City-St-Zip: BROOKLYN, NY 11234

Title: D () Delete
Name: GENN, DAVID
Address: 909 STARVIEW DRIVE
City-St-Zip: ROCKFORD, IL 61108

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:

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: DAVID M. COLEMAN

PRES

01/23/2009

Electronic Signature of Signing Officer or Director

Date