


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90314 012 \*\*\*\*61.25

**DOCUMENT # N08941**  
 1. Entity Name  
**LEADERSHIP PALM BEACH COUNTY, INC.**



Principal Place of Business  
**P.O. BOX 7488**  
**W. PALM BEACH, FL 33405-2433 US**

Mailing Address  
**P.O. BOX 7488**  
**W. PALM BEACH, FL 33405-2433 US**



2. Principal Place of Business  
**8983 Okeechobee Blvd #202**  
 Suite, Apt. #, etc.  
**PMB 227**

3. Mailing Address  
**8983 Okeechobee Blvd #202**  
 Suite, Apt. #, etc.  
**PMB 227**

01082004 Chg-NP CR2E037 (10/03)

City & State  
**West Palm Beach FL**

City & State  
**West Palm Beach FL**

4. FEI Number  
**59-2569079**

Applied For  
 Not Applicable

Zip  
**33411**

Country  
**PALM BEACH**

Zip  
**33411**

Country  
**PALM BEACH**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**PIKE, JANE C**  
**18838 N. OSPREY WAY**  
**JUPITER, FL 33458**

7. Name and Address of New Registered Agent  
 Name **REBECCA L. COZART**  
 Street Address (P.O. Box Number is Not Acceptable)  
**8407 STANIEL CAY**  
 City **WEST PALM BEACH FL** Zip Code **33411**

8. 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. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE **REBECCA L. COZART EXECUTIVE DIRECTOR** *Rebecca L. Cozart* **4/13/2004**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing  
 Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD PIKE, JANE C 18838 N OSPREY WAY JUPITER, FL 334582433 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOORE, TERESA 717 S FINGLER DR STE 200 WEST PALM BEACH, FL 33401 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD LUHRSEN, DAVID 2600 N MILITARY TRAIL WEST, PALM, BEACH, FL 33409 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHORTER, DAN 2751 S DIXIE HWY 3RD FL WEST PALM BEACH, FL 33405 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOIKE, ROBERT 500 N DIXIE HWY WEST PALM BEACH, FL 33401 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PINDER, KAHART 2324 S. CONGRESS SUITE 1-H WEST PALM BEACH, FL 33406 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXECUTIVE DIRECTOR REBECCA L. COZART 8407 STANIEL CAY WEST PALM BEACH FL 33411 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JOHN J. FUMERO PO BOX 17319 WEST PALM BEACH FL 33416 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY TERRY GEARING 5353 PARKSIDE DR JUPITER FL 33458 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER SID POE 2410 METROCENTRE BLVD WEST PALM BEACH FL 33407 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IMMEDIATE PAST PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **REBECCA L. COZART, EXECUTIVE DIRECTOR / CEO** *Rebecca L. Cozart* **4/13/2004** **561-748-8182**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #