

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 26, 2005
Secretary of State

DOCUMENT# N08941

Entity Name: LEADERSHIP PALM BEACH COUNTY, INC.

Current Principal Place of Business:

8983 OKEECHOBEE BLVD #202
PMB 227
WEST PALM BEACH, FL 33411 US

New Principal Place of Business:

Current Mailing Address:

8983 OKEECHOBEE BLVD #202
PMB 227
WEST PALM BEACH, FL 33411 US

New Mailing Address:

FEI Number: 59-2569079 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COZART, REBECCA L
8407 STANIELCAY
WEST PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

DELONG, MICHELE G PRES.
8983 OKEECHOBEE BLVD.
#202
WEST PALM BEACH, FL 33411 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: REBECCA L. COZART 10/26/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: CEO (X) Delete
Name: COZART, REBECCA L
Address: 8407 STANIEL CAY
City-St-Zip: WEST PALM BEACH, FL 33411

Title: P () Delete
Name: DELONG, MICHELE G
Address: 555 S. FLAGLER DR. #220
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VP 1 () Delete
Name: POE, SID
Address: 2410 METROCENTRE BLVD.
City-St-Zip: WEST PALM BEACH, FL 33407

Title: VP 2 () Delete
Name: FRETWELL, BARBARA
Address: 8215 154TH ROAD NORTH
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VP1 (X) Delete
Name: POE, SID
Address: 2410 METROCENTRE BLVD.
City-St-Zip: WEST PALM BEACH, FL 33407

Title: TREA () Delete
Name: BOIKE, ROBERT
Address: 4989 CLASSIC DRIVE
City-St-Zip: WEST PALM BEACH, FL 33417

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:

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 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 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: REBECCA L. COZART ED 10/26/2005
Electronic Signature of Signing Officer or Director Date