

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000002719

FILED  
Mar 07, 2012  
Secretary of State

**Entity Name:** LIFE UNIVERSITY LEADERSHIP INC.

**Current Principal Place of Business:**

307 WEST BASS STREET  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

**Current Mailing Address:**

307 WEST BASS STREET  
KISSIMMEE, FL 34741

**New Mailing Address:**

**FEI Number:** 80-0557779

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MALAVE, SAMUEL  
307 WEST BASS STREET  
KISSIMMEE, FL 34741 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:** D  
**Name:** MALAVE, MYRNA  
**Address:** 307 WEST BASS STREET  
**City-St-Zip:** KISSIMMEE, FL 34741

**Title:** D  
**Name:** HENNINBURGH, ALICIA  
**Address:** 307 WEST BASS STREET  
**City-St-Zip:** KISSIMMEE, FL 34741

**Title:** D  
**Name:** MALAVE, SAMUEL  
**Address:** 307 WEST BASS STREET  
**City-St-Zip:** KISSIMMEE, FL 34741

I hereby 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 all other like empowered.

**SIGNATURE:** DR. SAMUEL MALAVE

D

03/07/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date