

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000002962

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** LEADERCHEER SCHOLARSHIP & TRAINING PROGRAM INC.

**Current Principal Place of Business:**

1629 SW MACEDO BLVD  
PORT ST LUCIE, FL 34984

**New Principal Place of Business:**

**Current Mailing Address:**

5844 NW WINDY PINES LANE  
PORT ST LUCIE, FL 34986

**New Mailing Address:**

**FEI Number:** 45-3539174

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MELTZER, PATSI L  
5844 NW WINDY PINES LANE  
PORT ST LUCIE, FL 34986 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:** PRES  
**Name:** MELTZER, PATSI L  
**Address:** 5844 NW WINDY PINES LANE  
**City-St-Zip:** PORT ST LUCIE, FL 34986 US

**Title:** VP  
**Name:** SLEEK, JESSI B  
**Address:** 118 PONCE DE LEON STREET  
**City-St-Zip:** ROYAL PALM BEACH, FL 33411 US

**Title:** SEC  
**Name:** KING, TRINA V  
**Address:** 6784 PARK LANE WEST  
**City-St-Zip:** LAKE WORTH, FL 33449 US

**Title:** TRES  
**Name:** MELTZER, PATSI L  
**Address:** 5844 NW WINDY PINES LANE  
**City-St-Zip:** PORT ST LUCIE, FL 34986 US

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:** PATSI L. MELTZER

PRES

05/01/2012

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

\_\_\_\_\_  
Date