2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000004367

FILED Apr 30, 2012 Secretary of State

Entity Name: LTB LEADERSHIP FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

400 NORTH TAMPA STREET SUITE 1320 TAMPA, FL 33602

Current Mailing Address: New Mailing Address:

400 NORTH TAMPA STREET SUITE 1320 TAMPA, FL 33602

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

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

THRESHER, KIMBERLY 400 NORTH TAMPA STREET SUITE 1320 TAMPA, FL 33602 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD

Name: THRESHER, KIMBERLY

Address: 400 NORTH TAMPA STREET #1320

City-St-Zip: TAMPA, FL 33602

Title: SD

Name: EVERLOVE-STONE, KATHRYN L Address: 620 E. TWIGGS STREET, SUITE 303

City-St-Zip: TAMPA, FL 33602

Title: D

Name: CHRISTIAN, PAUL

Address: 400 NORTH TAMPA STREET #1320

City-St-Zip: TAMPA, FL 33602

Title: TD

Name: SOMPLES, RONALD

Address: 101 E KENNEDY BLVD STE 1250

City-St-Zip: TAMPA, FL 33602

Title:

Name: HACKMAN, JAMES

Address: 4532 W KENNEDY BLVD #195

City-St-Zip: TAMPA, FL 33609

Title: [

 Name:
 BROOKS, PAUL

 Address:
 3929 SOUTH NINE DR

 City-St-Zip:
 VALRICO, FL 33596

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: KATHRYN EVERLOVE-STONE SD 04/30/2012