

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000009962

FILED
Apr 18, 2012
Secretary of State

Entity Name: FLORIDA CONSORTIUM OF LEADERSHIP ACADEMIES, INC.

Current Principal Place of Business:

600 NORTH CONGRESS AVENUE
DELRAY BEACH, FL 33463

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 22368
WEST PALM BEACH, FL 33416

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DEAL, TONYA A
5096 NORTHERN LIGHTS DRIVE
GREENACRES, FL 33463 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: LOREDO, JOSE
Address: 4000 INTERNATIONAL PLACE, 100 SE SECOND ST
City-St-Zip: MIAMI, FL 33131

Title: D
Name: SCHNEIDER, CARLA
Address: 215 NE 16TH AVE, APT 203
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: D
Name: ALLEN, ANTHONY DR
Address: 7060 OLD ORCHARD WAY
City-St-Zip: BOYNTON BCH, FL 33436

Title: D
Name: OWENS, GINA
Address: 2827 HELM COURT APT 205
City-St-Zip: LANTANA, FL 33462

Title: D
Name: HARGETT, JEFFREY
Address: 1020 SOUTHERN OAK LANE
City-St-Zip: APOPKA, FL 32712

Title: D
Name: STONE, HUDIE
Address: 533 PETERSON PLACE
City-St-Zip: ORLANDO, FL 32805

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: STEVE GALLON III

D

04/18/2012

Electronic Signature of Signing Officer or Director

Date