

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90009 030 ***61.25

DOCUMENT # N21752

1. Entity Name
LEADERSHIP BRANDON ALUMNI, INC.



Principal Place of Business
**915 OAKFIELD DRIVE
SUITE E
BRANDON, FL 33511**

Mailing Address
**P.O. BOX 2235
BRANDON, FL 33509**

44049871



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06222004

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-2909178

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MASON, ANDREW
106 W. WINDHOREST ROAD
SUITE 101
BRANDON, FL 33510-2429**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DV** ☒ Delete
NAME **FLETCHER, DEE**
STREET ADDRESS **915 OAKFIELD DRIVE SUITE E**
CITY-ST-ZIP **BRANDON, FL 33511**

TITLE **P=President** ☒ Change ☐ Addition
NAME **Sharon Still**
STREET ADDRESS **808 Oakfield Drive**
CITY-ST-ZIP **Brandon, FL 33511**

TITLE **SD** ☐ Delete
NAME **MAGRUDER, PAT**
STREET ADDRESS **115 MARGARET STREET SUITE F**
CITY-ST-ZIP **BRANDON, FL 33511**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☒ Delete
NAME **HOFFMEYER, JOHN**
STREET ADDRESS **402 W BRANDON BLVD**
CITY-ST-ZIP **BRANDON, FL 33511**

TITLE **T=Treasurer** ☒ Change ☐ Addition
NAME **Susan Teslicko**
STREET ADDRESS **808 Oakfield Drive**
CITY-ST-ZIP **Brandon, FL 33511**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V=Vice President** ☒ Change ☐ Addition
NAME **Carole Gill**
STREET ADDRESS **808 Oakfield Drive**
CITY-ST-ZIP **Brandon, FL 33511**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SHARON B. STILL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-21-04
Date

8136891221
Daytime Phone #