


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N21752 1. Entity Name LEADERSHIP BRANDON ALUMNI, INC.	
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Principal Place of Business 915 OAKFIELD DRIVE SUITE E BRANDON, FL 33511	Mailing Address P.O. BOX 2235 BRANDON, FL 33509
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**DO NOT WRITE IN THIS SPACE**



01312005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2909178	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  MASON, ANDREW 106 W. WINDHOREST ROAD SUITE 101 BRANDON, FL 33510-2429	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	P STILL, SHARON 808 OAKFIELD DRIVE BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY ST ZIP	SD MAGRUDER, PAT 115 MARGARET STREET SUITE F BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY ST ZIP	TD TESLICKO, SUSAN 808 OAKFIELD DRIVE BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY ST ZIP	V GILL, CAROLE 808 OAKFIELD DRIVE BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	

U00000222608  
02/10/05-80008-007 61.25

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: <u>Susan Teslicko, Treas</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>2/7/05</u>	Duplicate Filing # <u>813-651-0589</u>
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