


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90130 009 \*\*\*\*61.25

|  |   |
|--|---|
| <b>DOCUMENT # N21752</b>                                 |  |
| 1. Entity Name<br><b>LEADERSHIP BRANDON ALUMNI, INC.</b> |   |

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|--|---|
| Principal Place of Business<br><b>915 OAKFIELD DRIVE<br/>SUITE E<br/>BRANDON, FL 33511</b> | Mailing Address<br><b>P.O. BOX 2235<br/>BRANDON, FL 33509</b> |
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|--|--|
| 2. Principal Place of Business<br><b>330 Pauls Dr.</b> | 3. Mailing Address<br><b>P.O. Box 2235</b> |
| Suite, Apt. #, etc.<br><b>Ste. 100</b>                 | Suite, Apt. #, etc.                        |
| City & State<br><b>BRANDON FL</b>                      | City & State<br><b>BRANDON FL</b>          |
| Zip<br><b>33511</b>                                    | Country<br><b>US</b>                       |
| Zip<br><b>33509</b>                                    | Country<br><b>US</b>                       |

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04062006 Chg-NP CR2E037 (11/05)

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

|   |   |
|---|---|
| 6. Name and Address of Current Registered Agent<br><b>MASON, ANDREW<br/>106 W. WINDHOREST ROAD<br/>SUITE 101<br/>BRANDON, FL 33510-2429</b> | 7. Name and Address of New Registered Agent<br>Name <b>SUSAN TESLICKO</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>330 Pauls Dr.</b><br><b>Ste 100</b><br>City <b>BRANDON</b> FL Zip Code <b>33511</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 *Susan Teslicko* DATE **4/6/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | <b>Make check payable to<br/>Florida Department of State</b> |
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| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>STILL, SHARON<br>808 OAKFIELD DRIVE<br>BRANDON, FL 33511 <input checked="" type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>MAGRUDER, PAT<br>115 MARGARET STREET SUITE F<br>BRANDON, FL 33511 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>TESLICKO, SUSAN<br>808 OAKFIELD DRIVE<br>BRANDON, FL 33511 <input type="checkbox"/> Delete                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>GILL, CAROLE<br>808 OAKFIELD DRIVE<br>BRANDON, FL 33511 <input type="checkbox"/> Delete                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>VP</b><br><b>Billie Smith</b><br><b>330 Pauls Dr. Ste 100</b><br><b>BRANDON FL 33511</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>SD</b><br><b>Kate DAIERLEIN</b><br><b>330 Pauls Dr. Ste 100</b><br><b>BRANDON FL 33511</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Susan Teslicko* DATE **4/6/05** 813-276-6569

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #