2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2005 8:00 am Secretary of State

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1. Entity Nam	MENT # N22595 ide business leaders (CLUB, INC.				04-18-2005	90566 00	6 ****6	1.25			
Principal Plac	e of Buciness	Mailing Address			1					•		
					(グ)	963639	K					
P.O. BOX 28		P 0 BOX 28554			4	a caean	J					
JACKSUNVILL	.E, FL 32226	IACKSONVILLE, FL 32	208	US 🐇								
9 Orincinal P	Nace of Business	3. Mailing Address		· · · · · · · · · · · · · · · · · · ·								
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Suite, Apt.	#, etc.	Suite, Apt. #, etc.	-		04072005	(40,400)						
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City & Stat	е	City & State			4. FEI Number 59-292186	ee			lied For]		
7m	Country	· ·	T 600		39-292100				Applicable	┨.		
. Zip	Country	Zip _	. Col	untry	-5. Certificate of S	itatus Desired ~		3.75 Addis o Required				
	6. Name and Address of Current R	egistered Agent	<u> </u>		7. Name and Add	tress of New R		 				
		3		Name - 0	1015		ogunurou Agr	,,,R		1		
BURNETT	, NANCY M 🛴			JH.	ne					1		
	SET LANDING DRIVE			Street Address	P.O. Box Number is	Not Acceptable	:)	-		1		
JACKSON	VILLE, FL 32226									1		
	.3											
•				City				Zip Code				
				l. 1			FL	•]		
the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its	register	ed office or registe	red agent, or both, in	the State of Flo	rida. I am farr	iliar with, a	nd accept			
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SIGNATURE.	Signature, typed or printed risme of registered agent ar	of tris discriments (AV)	TE: Receive	nd Agent signature require	dudon encodores		DATE					
4	openies, i pesso principalità di apparato i della co	na appropri	t. registre	ar Men affresse sedane	i who i revoluting)		DATE]		
	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Ca Trust Fund			\$5.00 May Be Added to Fees	M Flor	ake check p Ida Departm	ayable to ent of Sta	10			
10.	OFFICERS AND DIRE	CTORS	11.		ADDITIONS/CHANG	ES TO OFFICE	RS AND DIREC	CTOBS IN	10	1		
TITLE	2 VP	Delete	TITU	EP BEI	VE MAS	2.4	T	2 Change	☐ Addition			
NAME	MURPHY, COLIN	~ ~	NAM	E 125	2 SAN	TOSE			_	1		
STREET ACCRESS	21 WEST CHURCH ST.		STRE	EET ADDRESS /		· ~		.				
CITY-ST-ZIP	JACKSONVILLE, FL 32202		СПУ	-ST-ZIP	CKSON VIC	CE F	L 32	223		i .		
TITLE	3 VP	☐ Delete	nn.	51/03 41.	al	, ,,,,,	ď	TChron	Addition			
NAME	NORTON, LEE	LJ DERGE	NAM	EVPD NO.	RTON X		~ A D] (Hexigis	C3 Addition	i		
STREET ADDRESS	8500 HECKSCHER DR.			EET ADDRESS 857	DO HÉCKS	SCHEIC	DR					
CTTY-ST-ZIP				-ST-ZIP	CKJONU	1115	E1	2218	•	l		
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NAME CORRECT CORRECTS	HAWKINS, DEE		NAM	<u> </u>	9 SUNSE	T LAI	JOING	De	-	1		
STREET ADDRESS	2631 SETTLEMENT DR.			ET ADDRESS 506	24/= 1/24		<i></i>	7 ~ ~ .	61.	1		
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CITY-ST-ZIP	JACKSONVILLE, FL 32226		СПА	-ST-ZIP 35 SC	0 200 11	TICKLON	Y JAKA	50N 6	IUE	12218		
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NAME	MASZY, GENE		NAM	E ' ' ,,,.	35 OWE	NS DY		-	, -	ı		
STREET ADORESS	8800 ARLINGTON EXPRESSWAY	1	STRE	TEL ADURESS * *	-					İ		
CITY-ST-ZIP	JACKSONVILLE, FL 32211		СТҮ	-S1-ZIP 37A	CKSONUI	LLE.	FL 3	22/	7	ĺ		
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NAME			NAM	CD TO	JENER	1444	<i></i> ,		74	ĺ		
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CITY-ST-ZIP				-SI-ZIP 72	Wena)	VIUE.	EI	ス ラク:	20	ĺ		
12 I hereby	certify that the information supplied with t	his filing does not gualify fo	r the eve	motion stated in St	ction 110 07/3Vi), El	lorida Statutos	further cortifu	that the inf				
of the cor	cally dial the intormeton supplied with ton this ton this ton this report or supplemental report is to poration or the receiver or trustee empoyer, or on an attachment with an address, with a supplied with	rue and accurate and that i vered to execute this report	my signa: i as recuí	ture shall have the red by Chapter 61	same legal effect as 7, Florida Statutes; ar	if made under ond that my name	eath; that I am a appears in B	an officer o lock 10 or f	r director Block 11 if			