

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90314 033 ***150.00

DOCUMENT # N38314

1. Entity Name
EXECUTIVE LEADERS IN TIP EXCHANGE, INC.



Principal Place of Business
**9404 SOMBRURE AVENUE
C/O DELVIN DELONG
APOPKA, FL 32703 US**

Mailing Address
**9404 SOMBRURE AVENUE
APOPKA, FL 32703 US**

50024868



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02022005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3193341

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MATHIS, DAVID
6324 NIGHTWIND CIRCLE
ORLANDO, FL 32818**

7. Name and Address of New Registered Agent

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 May 1, 2005**

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

TITLE **TD** ☐ Delete
NAME **DELVIN, DELONG**
STREET ADDRESS **9404 SOMBRURE AVE**
CITY-ST-ZIP **APOPKA, FL 32703**

TITLE **VD** ☒ Delete
NAME **ANDREW, ROBERTS**
STREET ADDRESS **400 SW LAKE MARY BLVD**
CITY-ST-ZIP **LAKE MARY, FL 32746**

TITLE **P** ☒ Delete
NAME **GAZZ, SHERRILYN M**
STREET ADDRESS **1618 ROGAL OAK DR.**
CITY-ST-ZIP **KISSIMMEE, FL 34744**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #