

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42885

FILED  
Mar 21, 2009  
Secretary of State

Entity Name: LEADERS PREPARATORY SCHOOL, INC.

**Current Principal Place of Business:**

1021 N GOLDENROD RD  
ORLANDO, FL 32807 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 2209  
GOLDENROD, FL 32733 US

**New Mailing Address:**

FEI Number: 59-3080892      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MUSRI, MUHAMMAD  
1089 N GOLDENROD RD  
ORLANDO, FL 32807 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PCD ( ) Delete  
Name: MUSRI, MUHAMMAD  
Address: 1089 N GOLDENROD ROAD  
City-St-Zip: ORLANDO, FL 32807

Title: SD ( ) Delete  
Name: KASU, ABDULATIF  
Address: 8008 COTE CT  
City-St-Zip: ORLANDO, FL 32836

Title: TD ( ) Delete  
Name: GIBBS, W. ERNEST  
Address: 3378 HILLMONT CIR  
City-St-Zip: ORLANDO, FL 32817

Title: D ( ) Delete  
Name: ASSIM, AMENA  
Address: 2951 LAGOON COVE  
City-St-Zip: OVIEDO, FL 32765

Title: D ( ) Delete  
Name: AKHTAR, SHAHEDA  
Address: 4564 THORNLEA RD.  
City-St-Zip: ORLANDO, FL 32817

Title: D ( ) Delete  
Name: ZAMAN, AHMADI  
Address: 412 BARCLAY CT.  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MUHAMMAD MUSRI

PRES

03/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date