

FILE NOW: FILING FEE IS \$61.25

1-2

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N47055 (1)**

1. Corporation Name

FLORIDA LEADERSHIP PROGRAM FOUNDATION, INC.



Principal Place of Business	Mailing Address
C/O DR. EUGENE E. TROTTER 9616 SOUTHWEST 53RD ROAD GAINESVILLE FL 32608	C/O DR. EUGENE E. TROTTER 9616 SOUTHWEST 53RD ROAD GAINESVILLE FL 32608

3. Date Incorporated or Qualified 01/29/1992	3a. Date of Last Report 06/14/1995
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2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
TROTTER, EUGENE E. 9616 SOUTHWEST 53RD ROAD GAINESVILLE FL 32608		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROTTER, EUGENE E.	1.2 NAME	
STREET ADDRESS	9616 S.W. 53RD ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROWE, J. B.	2.2 NAME	
STREET ADDRESS	620 N MAIN STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESTER, W. B.	3.2 NAME	
STREET ADDRESS	PO BOX 178	3.3 STREET ADDRESS	
CITY-ST-ZIP	LABELLE FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, CHARLES	4.2 NAME	
STREET ADDRESS	PO BOX 909	4.3 STREET ADDRESS	
CITY-ST-ZIP	ALACHUA FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHALLEY, DICK L.	5.2 NAME	D Whalley, Richard L.
STREET ADDRESS	PO BOX 89	5.3 STREET ADDRESS	P. O. Box 89 (N/A)
CITY-ST-ZIP	LAKELAND FL	5.4 CITY-ST-ZIP	Lakeland, FL 33802
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUART, MICHAEL J.	6.2 NAME	
STREET ADDRESS	4401 E COLONIAL DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-ZIP	

(LIST OF DIRECTORS CONTINUED ON ATT.)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: *Eugene E. Trotter* Eugene E. Trotter 1/18/96 (352) 392-1038
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

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2-2

Florida Leadership Program Foundation, Inc. Document #N47055

Officers and Directors (continued)

D

Donald Bennink
Route 1, Box 98
Bell, FL 32619

D

Richard Botthof
5801 Pelican Bay Blvd.
Naples, FL 33963

D

Valerie Boyd
15000 Old Highway 41
Naples, FL 33999

D

Jeff Doran
P. O. Box 1696 (N/A)
Tallahassee, FL 32302

D

June Duda
1233 Litard Knot Creek Trail
Oviedo, FL 32765

D

Erroll Fielding
815 Lake Elbert Court, N.E.
Winter Haven, FL 33881-4360

D

Lori Frazee
528 S.E. 20th Court
Cape Coral, FL 33990

D

Kristen Gunter
1701 South Florida Avenue
Lakeland, FL 33803

D

Charles F. Hinton
1305 W. Haines Street
Plant City, FL 33564

D

Verneil Johnson
Route 5, Box 187
Live Oak, FL 32060

D

Carl Loop
P. O. Box 147030 (N/A)
Gainesville, FL 32614-7030

D

Jack Norris
25450 Airport Road
Punta Gorda, FL 33950

D

Bill Reese
2025 N.E. 70th Street
Ocala, FL 34479

D

Kay Richardson
22515 N.W. 60th Avenue
Evinston, FL 32633