2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# N93000005475

Entity Name: LEADERSHIP SEMINOLE, INC.

Current Principal Place of Business:

1055 AAA DRIVE
SUITE 153
SEMINOLE, FL 32746 US

New Principal Place of Business:

Current Mailing Address:

1055 AAA DRIVE
SUITE 153
SEMINOLE, FL 32746 US

New Mailing Address:

FEI Number: 59-3257486 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ASHWORTH, JOHN
1055 AAA DRIVE
SUITE 153
HEATHROW, FL 32746 US

Name and Address of New Registered Agent:

WEINBERG, WAYNE
1055 AAA DRIVE
SUITE 153
HEATHROW, FL 32746 US

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: WAYNE WEINBERG 04/02/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: OT ( ) Delete
Name: CADDEN, JACK
Address: 800 NORTH MAGNOLIA AVE, ST. 1700
City-St-Zip: ORLANDO, FL 32803

Title: OC ( ) Delete
Name: GLAZIER, STEVE
Address: 555 W SR 434
City-St-Zip: LONGWOOD, FL 32750

Title: OS ( ) Delete
Name: WINEBURGH, BEV
Address: 978 DOUGLAS AVE SUSITE 100
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: P ( ) Delete
Name: ASHWORTH, JOHN
Address: 801 INTERNATIONAL PARKWAY, 5TH FLOOR
City-St-Zip: LAKE MARY, FL 32746 US

Title: D ( ) Delete
Name: EASTHAM, MICHAEL
Address: 140 NORTH WESTMONTE DRIVE #204
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: OT (X) Change ( ) Addition
Name: EASTHAM, MICHAEL
Address: 393 CENTER POINTE CIRCLE, SUITE 1461
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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

Title: OS (X) Change ( ) Addition
Name: WEINBERG, ALICE
Address: 1101 EAST FIRST STREET
City-St-Zip: SANFORD, FL 32771

Title: P (X) Change ( ) Addition
Name: WEINBERG, WAYNE
Address: 1055 AAA DRIVE, SUITE 153
City-St-Zip: LAKE MARY, FL 32746 US

Title: D (X) Change ( ) Addition
Name: MAXON, DAVID
Address: 3300 EXCHANGE PLACE
City-St-Zip: LAKE MARY, FL 32746

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: WAYNE WEINBERG PRES 04/02/2009
Electronic Signature of Signing Officer or Director Date