2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2012
Secretary of State

DOCUMENT# N94000000990

Entity Name: LEADERSHIP FLORIDA STATEWIDE COMMUNITY FOUNDATION, INC.

Current Principal Place of Business:

201 E PARK AVE
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

201 E PARK AVE
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 59-3201445 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WAHLEN, JOHN J
123 S CALHOUN ST
TALLAHASSEE, FL 323011805 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: PRES
Name: ABBERGER, WENDY A
Address: 201 E PARK AVE
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: COO
Name: LUCAS, CHRISTINE E
Address: 201 E PARK AVE
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: D
Name: JABER, LILA
Address: 1204 MACLAY RD
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: D
Name: STREITMATTER, JOHN
Address: 4299 COVE DR
City-St-Zip: PALM HARBOR, FL 34685

Title: D
Name: RIDINGS, DEAN
Address: 336 E. COLLEGE AVE., SUITE 203
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: D
Name: TOWLER, SUSAN
Address: 4800 DEERWOOD CAMPUS PKWY
City-St-Zip: JACKSONVILLE, FL 32246 US

I hereby 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 all other like empowered.

SIGNATURE: CHRISTINE LUCAS COO 04/10/2012

Electronic Signature of Signing Officer or Director — Date