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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000005757

1. Corporation Name

INTERNATIONAL LEADERSHIP FOUNDATION, INC.

Principal Place of Business
707 MAGNOLIA DRIVE
ALTAMONTE SPRINGS FL 32701

Mailing Address
707 MAGNOLIA DRIVE
ALTAMONTE SPRINGS FL 32701



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/27/1995

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-3425577

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUTA, JOHN R
1836 WOODWARD STREET
ORLANDO FL 32803

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME SMITH, JOHN S
STREET ADDRESS 707 MAGNOLIA DRIVE
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD ☐ DELETE
NAME AUGUSTINE, KERRY A
STREET ADDRESS 7523 ALOMA AVENUE #206
CITY-ST-ZIP WINTER PARK FL 32792

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD ☐ DELETE
NAME DAVIS, LEONARD R
STREET ADDRESS 1805 KALURNA COURT
CITY-ST-ZIP ORLANDO FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD ☐ DELETE
NAME RUTA, JOHN R
STREET ADDRESS 1836 WOODWARD STREET
CITY-ST-ZIP ORLANDO FL 32803

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE PD ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 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 if changed, or on an attachment with an address, with another, like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1/5/99

(407) 831-7729

Date

Daytime Phone #

CR2E037 (1/98)