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Jan 22 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000004557 (2)**

1. Corporation Name

**THE MANUFACTURING LEADERSHIP COUNCIL, INC.**

Principal Place of Business

966 NORTHBROOK DRIVE  
ORMOND BEACH FL 32174

Mailing Address

POST OFFICE BOX 442  
ORMOND BEACH FL 32175



3. Date Incorporated or Qualified

08/20/1996

4. FEI Number

59-3409907

Applied For

Not Applicable

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

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FIFER, LOU  
966 NORTHBROOK DRIVE  
ORMOND BEACH FL 32174

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

TITLE CPD ☒ DELETE

NAME SPERBER, PERRY  
STREET ADDRESS 1203 U.S. HWY. #1 NORTH  
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE VCD ☒ DELETE

NAME CLARE, PAUL  
STREET ADDRESS 1327 U.S. HWY. #1 NORTH  
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE D ☒ DELETE

NAME JOHNSON, DOUGLAS  
STREET ADDRESS 5612 JOHNSON LAKE ROAD  
CITY-ST-ZIP DELEON SPRINGS FL 32130

TITLE D ☒ DELETE

NAME FOCKLER, DOUGLAS  
STREET ADDRESS 305 FENTRESS BOULEVARD  
CITY-ST-ZIP DAYTONA BEACH FL 32120

TITLE D ☐ DELETE

NAME THOMPSON, WILLIAM  
STREET ADDRESS 4620 CITY CENTER DRIVE  
CITY-ST-ZIP PORT ORANGE FL 32129

TITLE EDST ☐ DELETE

NAME FIFER, LOU  
STREET ADDRESS 966 NORTHBROOK DRIVE  
CITY-ST-ZIP ORMOND BEACH FL 32174

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Chairman ☐ Change ☒ Addition

1.2 NAME Francis Lawrence  
1.3 STREET ADDRESS 2 East Tower Circle  
1.4 CITY-ST-ZIP Ormond Beach, FL 32174

2.1 TITLE Vice Chmn. ☐ Change ☒ Addition

2.2 NAME McGrane Mark  
2.3 STREET ADDRESS 12 Southland Road  
2.4 CITY-ST-ZIP Ormond Beach, FL 32174

3.1 TITLE DIRECTOR ☐ Change ☒ Addition

3.2 NAME M.S. SASTRI  
3.3 STREET ADDRESS 405 Fentress Blvd  
3.4 CITY-ST-ZIP Daytona Beach, FL 32114

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 incorporator 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.

SIGNATURE:

*Jeff Fifer* JEFF FIFER

1/10/98

904/673-0505

CR2E037 (10/97)