## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthan,

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

NAME

STREET ADDRESS

SIGNATUR

N97000005093 (6)

LEADERSHIP DEVELOPMENT INSTITUTE, INC.							
Principal Place of Business		Malling Address			A ADDITION DIS ABILIT ABOUT EASIN DELIN DE	41 ME	
1881 N.E. 26TH WILTON MANO	1 STREET. #201A RS FL 33305	1881 N.E. 26TH STREET. #201A WILTON MANORS FL 33305			3. Date Incorporated or Qualified  09/08/1997  4. FEI Number  Applied		
2. Principal Place of Business 2a. Mailing Address					65-0780226 Not Api	·	
21	lace of Business	26			5. Certificate of Status Desired Section \$8.75 Addition Fee Require		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		<del></del>	6. Election Campaign Financing \$5.00 May 8  Trust Fund Contribution Added to Fee	Ве	
City & Stat	ө	City & State			7. Is this nonprofit corporation a homeowners association?  Yes  No		
Zip	Country 25	Zip 29	Zip Country		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		
				Name			
CAPRON, FRANKLYN			82	Street Ad	Idress (P.O. Box Number is Not Acceptable)		
1881 N.W. 26TH STREET, #201A			-				
WILTON MANORS FL 33305			63				
			64	City	85 Zip Code		
11. Pursuant to the provisions of Sections 617.0592 and 617.1508, Plorida Statutes, the				e-named co	3 Mars 1 1	istered	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Plorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with, and accept the objection of 617.0503, Florida Statutes.							
SIGNATURE	mayum (	Andrew -					
12.	Signature, typed or gritted name of registered agent	4 . <u></u>	E: Registered Ag	ent signature rec	quired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12	
TITLE	Vice-President	DELETE	1.1 TITLE			Addition	
NAME	Linda J. Mullings	lings			· ·		
STREET ADDRESS	635 Clear Lake Avenue		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	West Palm Beach, FL 33401		1.4 CITY-:	ST-ZIP			
TITLE	Secretary/Treasurer		2.1 TITLE		☐ Change ☐	Addition	
NAME	Verna Jackson		2.2 NAME				
STREET ADDRESS	912 38th Street			T ADDRESS			
CITY-ST-ZIP	West Palm Beach, FL 33407		2. 4 CITY- 3.1 TITLE	ST-ZIP	☐ Change ☐	Addition	
NAME	Lorna Capron		3.1 TITLE 3.2 NAME			Addition	
STREET ADDRESS	2816 S.W. 7st			ADDRESS			
CITY-ST-ZIP	Ft. Lauderdale F1 33312		3.4. CITY-				
TITLE J	Yvonne Gordon DELETE		4.1 TITLE		☐ Change ☐	Addition	
NAME	4410 N.E. 1st Ave		4. 2 NAME				
STREET ADDRESS				T ADDRESS			
City-St-ZIP	-		4.4 CITY-1	ST-ZIP	T 10	Addition.	
TITLE D	Cordelia Beckham		5.1 TITLE 5.2 NAME		Change []	Addition	
NAME STREET ADDRESS	20600 N.W. 33 Place			ADORESS			
STREET ADDRESS   Coral City F1. 33056			5.4 CITY -				

14. I hereby certify that the information supplied with this filling does not qualified indicated on this annual report of supplemental annual report is 100 and officer or director of the corporation or the occlever or trusted empowered Block 12 or Block 13 if changed or or or or stachment units an arrivess. he exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information are and that my signature shall have the same legal effect as if made under oath; that I am an acute this report as required by Chapter 617, Florida Statutes; and that my name appears in

6.2 NAME 6.3 STREET ADDRESS

DELETE

Splale

954-563-1495

Addition

**FILED** 

Mar 26 1998 8:00am

Secretary of State