

FILE NOW: FILING FEE IS \$61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90095 012 ****61.25

DOCUMENT # N98000002404

1. Corporation Name

LEADERSHIP LEARNING ACADEMY OF POLK COUNTY, INC.

Principal Place of Business

904 S MISSOURI AVE
LAKELAND FL 33803

Mailing Address

904 S MISSOURI AVE
LAKELAND FL 33803



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

04/27/1998

4. FEI Number

59-3524895

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE
STE 3000
MIAMI FL 33131

10. Name and Address of New Registered Agent

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 ☐ DELETE

TITLE **D**
NAME **DUNNE, PHILLIP G**
STREET ADDRESS **1839 PINNACLE DRIVE**
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **D**
NAME **CRENSHAW, EDWARD**
STREET ADDRESS **1429 OAKLAWN PLACE**
CITY-ST-ZIP **LAKELAND FL 33803**

TITLE **D**
NAME **BERRYMAN, M. HUNT**
STREET ADDRESS **3328 BRIDGEFIELD DRIVE**
CITY-ST-ZIP **LAKELAND FL 33803**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **Wright, Karla**
1.3 STREET ADDRESS **PO Box 9005, Drawer AT01**
1.4 CITY-ST-ZIP **Bartow, FL 33831-9005**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **Durrence, Larry**
2.3 STREET ADDRESS **999 Ave. H, NE**
2.4 CITY-ST-ZIP **Winter Haven, FL 33881**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **Stanislaus, Marcela**
3.3 STREET ADDRESS **600 North Broadway Ave.**
3.4 CITY-ST-ZIP **Bartow, FL 33830**

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **Hopkins, Tom**
4.3 STREET ADDRESS **1700 Director's Row**
4.4 CITY-ST-ZIP **Orlando, FL 32859**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **Salud, Violeta**
5.3 STREET ADDRESS **One West Central Ave.**
5.4 CITY-ST-ZIP **Lake Wales, FL 33853**

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **Nelson, Jim**
6.3 STREET ADDRESS **PO Box 391**
6.4 CITY-ST-ZIP **Bartow, FL 33831**

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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Attachment Page #1

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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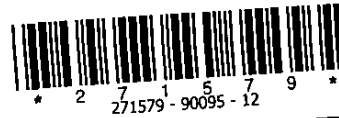
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Mailing Address

904 S MISSOURI AVE
LAKELAND FL 33803

DOCUMENT - 1



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21		26		04/27/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3524895	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	

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(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUNNE, PHILLIP G	1.2 NAME	Reynolds, Glenn
STREET ADDRESS	1839 PINNACLE DRIVE	1.3 STREET ADDRESS	P.O. Box 391
CITY-ST-ZIP	LAKELAND FL 33813	1.4 CITY-ST-ZIP	Bartow, FL 33831
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRENSHAW, EDWARD	2.2 NAME	Taylor, John
STREET ADDRESS	1429 OAKLAWN PLACE	2.3 STREET ADDRESS	730 Davidson Street
CITY-ST-ZIP	LAKELAND FL 33803	2.4 CITY-ST-ZIP	Bartow, FL 33830
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERRYMAN, M. HUNT	3.2 NAME	Harris, George
STREET ADDRESS	3328 BRIDGEFIELD DRIVE	3.3 STREET ADDRESS	114 N. Tennessee Avenue
CITY-ST-ZIP	LAKELAND FL 33803	3.4 CITY-ST-ZIP	Lakeland, FL 33801
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Lauderdale, Leah
STREET ADDRESS		4.3 STREET ADDRESS	P. O. Box 960
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Bartow, FL 33830
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	Additional Directors listed on
STREET ADDRESS		5.3 STREET ADDRESS	Attachment Page #1
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1/99 941-646-4288

CR2E037 (11/98)

0056757