

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 28, 2001 8:00 am
Secretary of State

005445

03-28-2001 90190 044 ****61.25

DOCUMENT # N98000002404

1. Entity Name

LEADERSHIP LEARNING ACADEMY OF POLK COUNTY, INC.

Principal Place of Business

Mailing Address

**3405 WINTER LAKE RD
LAKELAND FL 33803****3405 WINTER LAKE RD
LAKELAND FL 33803**

2. Principal Place of Business,

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3524895

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	DUNNE, PHILLIP G	
STREET ADDRESS	1839 PINNACLE DRIVE	
CITY-ST-ZIP	LAKELAND FL 33813	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	CRENSHAW, EDWARD	
STREET ADDRESS	1429 OAKLAWN PLACE	
CITY-ST-ZIP	LAKELAND FL 33803	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	BERRYMAN, M. HUNT	
STREET ADDRESS	3328 BRIDGEFIELD DRIVE	
CITY-ST-ZIP	LAKELAND FL 33803	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	REYNOLDS, GLENN	
STREET ADDRESS	PO BOX 391	
CITY-ST-ZIP	BARTOW FL 33831	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	TAYLOR, JOHN	
STREET ADDRESS	730 DAVIDSON STREET	
CITY-ST-ZIP	BARTOW FL 33830	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HARRIS, GEORGE	
STREET ADDRESS	114 N. TENNESSEE AVENUE	
CITY-ST-ZIP	LAKELAND FL 33801	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Shirley M. Phillips **REQUIRED** **03/16/01** **863-668-5442**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

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Leadership Learning Academy of Polk County, Inc.

11. Continued ..

Title: President
Name: Dr. Shirli M. Billings
Street Address: 2405 Winter Lake Road
City-ST-ZIP: Lakeland, FL 33803

Title: Director
Name: Larry Durrence
Street Address: 999 Avenue H, NE
City-ST-ZIP: Winter Haven, FL 33881

Title: Director
Name: C.J. English, III
Street Address: PO Box 391
City-ST-ZIP: Bartow, FL 33831-0391

DELETE

Title: Director
Name: Anne B. Furr
Street Address: 904 Hollingsworth Road
City-ST-ZIP: Lakeland, FL 33801

ADDITION

Title: Director
Name: Mr. Gow Fields
Street Address: 229 N. Florida Avenue
City-ST-ZIP: Lakeland, FL 33801-4901

ADDITION

Title: Director
Name: John C. Griffin
Street Address: PO Box 32036
City-ST-ZIP: Lakeland, FL 33802-2036

ADDITION

Title: Director
Name: Patricia Hendler
Street Address: 129 S. Kentucky Avenue
City-ST-ZIP: Lakeland, FL 33801

ADDITION

Title: Director
Name: Hollis Hooks
Street Address: PO Drawer 2598
City-ST-ZIP: Lakeland, FL 33806

ADDITION

Attachment #
N98000002404

5/19/05

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Leadership Learning Academy of Polk County, Inc.

Attachment #
N98000002404

519057

11. Continued ..

Title: Director ADDITION
Name: Kevin Kitto
Street Address: PO Box 9090
City-ST-ZIP: Winter Haven, FL 33880

Title: Director CHANGE - Secretary
Name: Leah Lauderdale
Street Address: PO Box 960
City-ST-ZIP: Bartow, FL 33831-0960

Title: Director ADDITION
Name: Robert S. Macey
Street Address: PO Box 391
City-ST-ZIP: Lakeland, FL 33831-0391

Title: Director DELETE
Name: Violeta Salud
Street Address: One West Central Avenue
City-ST-ZIP: Lake Wales, FL 33853

Title: Director
Name: Marcela Stanislaus
Street Address: 600 North Broadway Avenue
City-ST-ZIP: Bartow, FL 33831

Title: Director ADDITION
Name: Jim Thornhill
Street Address: PO Box 391
City-ST-ZIP: Bartow, FL 33830

Title: Director ADDITION
Name: Lee A. Wheeler, III
Street Address: 858 Tartan Loop
City-ST-ZIP: Lake Wales, FL 33853

SIGNATURE *Shirley M. Bellinger* *03/15/01* *(863) 668-5442*
Date Daytime Phone #