2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005
Secretary of State

DOCUMENT# N99000000817

Entity Name: FLORIDA LEGISLATIVE LEADERSHIP FOUNDATION, INC.

Current Principal Place of Business:

101 E. COLLEGE AVE.
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 348
TALLAHASSEE, FL 32302

New Mailing Address:

FEI Number: 59-3557920 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BAGGETT, FRED
101 E. COLLEGE AVE.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: KING, JIM
Address: 409 THE CAPITOL
City-St-Zip: TALLAHASSEE, FL 323991100

Title: D ( ) Delete
Name: BYRD, JOHNNIE
Address: 420 THE CAPITOL
City-St-Zip: TALLAHASSEE, FL 323991300

Title: D ( ) Delete
Name: KING, LINDA
Address: 409 THE CAPITOL
City-St-Zip: TALLAHASSEE, FL 323991100

Title: D (X) Delete
Name: BYRD, MELANE
Address: 420 THE CAPITOL
City-St-Zip: TALLAHASSEE, FL 323991300

Title: O ( ) Delete
Name: CASH, TRACI
Address: 2813 CRAWFORDVILLE HIGHWAY
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: LEE, TOM
Address: 409 THE CAPITOL
City-St-Zip: TALLAHASSEE, FL 323991100

Title: D (X) Change ( ) Addition
Name: BENSE, ALLAN
Address: 420 THE CAPITOL
City-St-Zip: TALLAHASSEE, FL 323991300

Title: D (X) Change ( ) Addition
Name: BENSE, TONIE
Address: 409 THE CAPITOL
City-St-Zip: TALLAHASSEE, FL 323991100

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRACI CASH TRES 05/02/2005

Electronic Signature of Signing Officer or Director — Date