2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005991

Entity Name: COMMUNITY LEADERSHIP FOUNDATION, INC.

FILED Apr 29, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5201 NW 34TH ST GAINESVILLE, FL 32605 **Current Mailing Address: New Mailing Address:** 4023 NW 34TH PLACE GAINESVILLE, FL 32606 FEI Number: 59-3534147 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SORGI, JASON 2531 NW 91ST DRIVE GAINESVILLE, FL 32606 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition LANE, IAN Name: LANE, IAN Name: 27 NORTH WALKER DRIVE #120 Address: 2531 NW 91ST DRIVE Address: City-St-Zip: CHICAGO, IL 60606 City-St-Zip: GAINESVILLE, FL 32606 Title: VD () Delete Title: () Change () Addition SORGI, JASON Name: Name: Address: 2531 NW 91ST DRIVE Address: City-St-Zip: GAINESVILLE, FL 32606 City-St-Zip: Title: () Delete Title: () Change () Addition KELLENBERGER, DAVID Name: Name: Address: 239 SW 12TH ST Address: City-St-Zip: CAPE CORAL, FL 33991 City-St-Zip: Title: SD () Delete Title: () Change () Addition Name: LANE, WILLIAM C JR. Name: Address: 4121 SE 9TH CT Address: City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: Title: () Delete Title: (X) Change () Addition LANE, KRISTA LANE, KRISTA Name: Name: 27 NORTH WALKER DR #120 2531 NW 91ST DRIVE Address: Address: City-St-Zip: CHICAGO, IL 60606 City-St-Zip: GAINESVILLE, FL 32606 Title: () Delete Title: () Change () Addition DELAOLO, NICHOLAS Name: Name: Address: 5561 CUBLES DRIVE Address: BOKEELIA, FL 33922 City-St-Zip: 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: IAN LANE PD 04/29/2004