

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000101279

FILED
Apr 29, 2009
Secretary of State

Entity Name: SOUTHLAKE BUSINESS LEADERS, INC

Current Principal Place of Business:

614 E. HWY 50
SUITE 168
CLERMONT, FL 34711 US

Current Mailing Address:

614 E. HWY 50
SUITE 168
CLERMONT, FL 34711 US

New Principal Place of Business:

1730 E HIGHWAY 50
SUITE 10
CLERMONT, FL 34711 US

New Mailing Address:

P.O. BOX 1847
MINNEOLA, FL 34755 US

FEI Number: 20-4713434

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WINCHESTER, TANYA L
614 E. HWY 50
SUITE 168
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

CARACCILO, PAT
1730 E HIGHWAY 50
SUITE 10
CLERMONT, FL 34711 US

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: PAT CARACCILO

04/29/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WINCHESTER, TANYA L
Address: 637 EIGHTH ST.
City-St-Zip: CLERMONT, FL 34711 US

Title: VP/S () Delete
Name: WOOD, CARLA M
Address: 1232 SHORECREST CIRCLE
City-St-Zip: CLERMONT, FL 34711 US

Title: TRES () Delete
Name: MEYER, LISA
Address: 3150 CITRUS TOWER BLVD., BLD. 13, SUITE B
City-St-Zip: CLERMONT, FL 34711 US

Title: O () Delete
Name: SULLIVAN, JANET
Address: 1820 S. U.S. HIGHWAY 27
City-St-Zip: CLERMONT, FL 34711 US

Title: O () Delete
Name: CLARK, JOHN
Address: 706 TURNBILL AVE, SUITE 305
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BROWNE, TRISHA
Address: P.O. BOX 330
City-St-Zip: MINNEOLA, FL 34755 US

Title: VP/S (X) Change () Addition
Name: CARACCILO, PAT
Address: 1730 E HIGHWAY 50
City-St-Zip: CLERMONT, FL 34711 US

Title: TRES (X) Change () Addition
Name: JOHNSON, APRIL
Address: P.O. BOX 434
City-St-Zip: GROVELAND, FL 34711 US

Title: O (X) Change () Addition
Name: KANE, ED
Address: 8615 COMMODITY CIRCLE, SUITE 16
City-St-Zip: ORLANDO, FL 32819 US

Title: O (X) Change () Addition
Name: HANNON, BLAKE
Address: 540 A S HIGHWAY 27
City-St-Zip: MINNEOLA, FL 34715 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRISHA BROWNE

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date