

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000139095

Entity Name: LEADERSHIP ACADEMY, INC.

**FILED**  
**Feb 01, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

11411 NW 56 DRIVE  
CORAL SPRINGS, FL 33076

**New Principal Place of Business:**

581 ST MICHELLE WAY  
MARGATE, FL 33068

**Current Mailing Address:**

6700 SW 7 STREET  
MARGATE, FL 33068

**New Mailing Address:**

581 ST MICHELLE WAY  
MARGATE, FL 33068

FEI Number: 20-5870017

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:**

JENKINS, CLAUDETTE  
581 ST MICHELLE WAY  
MARGATE, FL 33068 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: CLAUDETTE JENKINS

02/01/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: JENKINS, CLAUDETTE  
Address: 581 ST MICHELLE WAY  
City-St-Zip: MARGATE, FL 33068

Title: VP/S  
Name: BUNN, BASIL  
Address: 581 ST MICHELLE WAY  
City-St-Zip: MARGATE, FL 33068

I hereby 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 all other like empowered.

SIGNATURE: CLAUDETTE JENKINS

PD

02/01/2012

Electronic Signature of Signing Officer or Director

Date