FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000070964 (9)

1. Corporation Name
LEADERSHIP DEVELOPMENT CENTER, INC.

Principal Place of Business
~~6620 SOUTHPOINT DRIVE~~ SOUTH
SUITE 240
JACKSONVILLE FL 32216

Mailing Address
~~6620 SOUTHPOINT DRIVE~~ SOUTH
SUITE 240
~~JACKSONVILLE FL 32216~~

3. Date Incorporated or Qualified: **09/27/1994**
3a. Date of Last Report: **03/16/1995**
4. FEI Number: **59-3270478** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 9485 REGENCY SQ BLVD ~~SUITE~~
Suite, Apt. #, etc.
22 SUITE 103
City & State
23 JACKSONVILLE, FL
Zip
24 32225
Country
25

2a. Mailing Address
26 9485 REGENCY SQ BLVD
Suite, Apt. #, etc.
27 SUITE 103
City & State
28 JACKSONVILLE, FL
Zip
29 32225
Country
30

9. **Name and Address of Current Registered Agent**
BLEECH, JAMES M
~~6620 SOUTHPOINT DRIVE SOUTH~~ 9485 REGENCY SQ BLVD
~~SUITE 240~~ SUITE
JACKSONVILLE FL ~~32216~~ 32225

10. **Name and Address of New Registered Agent**
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	MUTCHLER, DAVID		1.2 NAME	
STREET ADDRESS	6620 SOUTHPOINT DRIVE SOUTH STE 240		1.3 STREET ADDRESS	9485 REGENCY SQ BLVD SUITE 103
CITY-ST-ZIP	JACKSONVILLE FL 32216		1.4 CITY-ST-ZIP	JACKSONVILLE 32225
TITLE	D	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	MUTCHLER, SUSAN		2.2 NAME	
STREET ADDRESS	6620 SOUTHPOINT DRIVE SOUTH STE 240		2.3 STREET ADDRESS	SAMES AS ABOVE
CITY-ST-ZIP	JACKSONVILLE FL 32216		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	BLEECH, KATHLEEN P		3.2 NAME	
STREET ADDRESS	6620 SOUTHPOINT DRIVE SOUTH STE 240		3.3 STREET ADDRESS	SAME AS ABOVE
CITY-ST-ZIP	JACKSONVILLE FL 32216		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	BLEECH, JAMES M		4.2 NAME	
STREET ADDRESS	6620 SOUTHPOINT DRIVE SOUTH STE 240		4.3 STREET ADDRESS	SAME AS ABOVE
CITY-ST-ZIP	JACKSONVILLE FL 32216		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	300001786203
STREET ADDRESS			5.3 STREET ADDRESS	-04/18/96--01110--023
CITY-ST-ZIP			5.4 CITY-ST-ZIP	***200.00
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

JL 4.18

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAMES M. BLEECH

CR2E034 (12/95)