2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2016
Secretary of State
CC3484619971

DOCUMENT# 736238

Entity Name: ONE BY ONE LEADERSHIP FOUNDATION, INC.

Current Principal Place of Business:

1400 NORTH 15TH ST
SUITE A
IMMOKALEE, FL 34142

Current Mailing Address:

P O BOX 5393
IMMOKALEE, FL 34143 US

FEI Number: 59-1711633

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SALVATORI , WOOD & BUCKEL, PL
9132 STRADA PLACE
FOURTH FLOOR
NAPLES, FL 34108 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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	D
Name	PAUL, JOHN K
Address	7854 HAWTHORN TERRACE, UNIT 1303
City-State-Zip:	NAPLES FL 34113

Title	EXECUTIVE DIRECTOR
Name	LAWSON, JOHN
Address	5981 SEA GRASS LANE
City-State-Zip:	NAPLES FL 34116

Title	SECRETARY-TREASURER
Name	CARMICHAEL, KEVIN
Address	9132 STRADA PLACE FOURTH FLOOR
City-State-Zip:	NAPLES FL 34108

Title	D
Name	STOLZ, STEVE
Address	12980 TAMIAMI TRAIL NORTH, #3
City-State-Zip:	NAPLES FL 34110

Title	P
Name	CARPENTER, REID
Address	5705 MAYFLOWER WAY #1404
City-State-Zip:	AVE MARIA FL 34142

Title	D
Name	THORNTON, RICHARD
Address	6495 BIRCHWOOD COURT
City-State-Zip:	NAPLES FL 34109

Title	D
Name	SCANLAN, BRIAN
Address	5050 AVE MARIA BLVD
City-State-Zip:	AVE MARIA FL 34142

Title	D
Name	GRAY, MICHELLE L
Address	588 RIDGE DRIVE
City-State-Zip:	NAPLES FL 34108

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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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN LAWSON EXECUTIVE DIRECTOR 03/03/2016

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	D
Name	KISH, JOHN MILES
Address	5076 ANNUNCIATION CIRCLE
City-State-Zip:	AVE MARIA FL 34142

Title	D
Name	NAPPO, FRANK
Address	11224 LONGSHORE WAY W.
City-State-Zip:	NAPLES FL 34119

Title	D
Name	BARNHART, BERNARDO
Address	1300 N 15TH STREET
City-State-Zip:	IMMOKALEE FL 34142

Title	D
Name	PADILLA, GLORIA
Address	710 WINSTON ROAD
City-State-Zip:	IMMOKALEE FL 34142