

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000001483

Entity Name: J4 LEADERS, INC.**Current Principal Place of Business:**420 S. ORANGE AVE
STE 800
ORLANDO, FL 32801**Current Mailing Address:**PO BOX 540228
ORLANDO, FL 32854-0228 US**FEI Number:** 46-2165302**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KAISER, TAMI
1150 OVERBROOK DRIVE
ORLANDO, FL 32804 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:** TAMI KAISER

04/28/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name SCHULTZ, LISA
Address 45 INTERLAKEN RD.
City-State-Zip: ORLANDO FL 32804

Title DIRECTOR
Name DAY, AMANDA
Address 250 N. ORANGE AVE.
SUITE 600
City-State-Zip: ORLANDO FL 32802

Title DIRECTOR
Name DELLO RUSSO, LESLIE
Address 2600 LUCIEN WAY
SUITE 100
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR
Name GRAHAM, AMY
Address 1723 WIND DRIFT RD.
City-State-Zip: ORLANDO FL 32809

Title DIRECTOR
Name HOSTETTER, SANDY
Address 450 S. ORANGE AVE.
SUITE 400
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name KAISER, TAMI
Address 4268 ETHAN LANE
City-State-Zip: ORLANDO FL 32814

Title DIRECTOR
Name HEATWOLE MCCORVIE, LAUREN
Address 1415 E. ROBINSON ST.
SUITE B
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name OBER, AMANDA
Address 2305 EDGEWATER DR.
#1214
City-State-Zip: ORLANDO FL 32804

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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: LISA SCHULTZ

DIRECTOR

04/28/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name OBERTO, KATHRYN
Address 401 WORTHINGTON DR.
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR
Name PRICE, CINDY
Address 940 CENTRE CIR.
#3016
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR
Name TOMLINSON, MARY
Address 9666 WILD OAK DR.
City-State-Zip: WINDERMERE FL 34786

Title DIRECTOR
Name POOLE, CATHERINE
Address 239 CAMBRIDGE DR.
City-State-Zip: LONGWOOD FL 32779

Title DIRECTOR
Name RUDLOFF, BETH
Address 3945 JOURNEY CT.
City-State-Zip: CASSELBERRY FL 32707

Title DIRECTOR
Name YOUNG, MARY ANN
Address P.O. BOX 784373
City-State-Zip: WINTER GARDEN FL 34778