

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000000952

Entity Name: LIFE-SKILLS, EMPOWERMENT AND DEVELOPMENT SERVICES (LEADS), INC.**FILED**
May 18, 2020
Secretary of State
3486440633CC**Current Principal Place of Business:**10225 ULMERTON ROAD, SUITE #8B
LARGO, FL 33771**Current Mailing Address:**10225 ULMERTON ROAD, SUITE #8B
LARGO, FL 33771 US**FEI Number: 81-5249931****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MOREL, MARY
10225 ULMERTON ROAD, SUITE #8B
LARGO, FL 33771 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	TREASURER	Title	PRESIDENT
Name	MOREL, MARY	Name	CHAMBERS, KAREN
Address	10225 ULMERTON ROAD, SUITE #8B	Address	10225 ULMERTON ROAD, SUITE #8B
City-State-Zip:	LARGO FL 33771	City-State-Zip:	LARGO FL 33771
Title	VP	Title	SECRETARY
Name	SATCHER, MARLAINA	Name	GABBIDON, KEMESHA
Address	10225 ULMERTON ROAD, SUITE #8B	Address	10225 ULMERTON ROAD, SUITE #8B
City-State-Zip:	LARGO FL 33771	City-State-Zip:	LARGO FL 33771

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: MARY MOREL**TREASURER****05/18/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date