

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000000952

Entity Name: LIFE-SKILLS, EMPOWERMENT AND DEVELOPMENT SERVICES (LEADS), INC.**FILED**
Apr 30, 2024
Secretary of State
3801924887CC**Current Principal Place of Business:**535 CENTRAL AVE
STE. 409
ST. PETERSBURG, FL 33701**Current Mailing Address:**535 CENTRAL AVE
STE. 409
ST. PETERSBURG, FL 33701 US**FEI Number: 81-5249931****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**GRANT, AISHA
535 CENTRAL AVE
STE. 409
ST. PETERSBURG, FL 33701 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:** AISHA GRANT**04/30/2024**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** TREASURER
Name BATSON-RUMPH, F. IRENE
Address 535 CENTRAL AVE.
 STE. 409
City-State-Zip: ST. PETERSBURG FL 33701**Title** PRESIDENT
Name DORSEY, ROBERT
Address 535 CENTRAL AVE
 STE. 409
City-State-Zip: ST. PETERSBURG FL 33701**Title** CEO
Name SATCHER, MARLAINA
Address 535 CENTRAL AVE
 STE. 409
City-State-Zip: ST. PETERSBURG FL 33701**Title** VP
Name TRUESDELL, SABRINA
Address 535 CENTRAL AVE
 STE. 409
City-State-Zip: ST. PETERSBURG FL 33701**Title** SECRETARY
Name PATTERSON, BARBARA
Address 535 CENTRAL AVE.
 STE. 409
City-State-Zip: ST. PETERSBURG FL 33701

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: MARLAINA SATCHER**CHIEF EXECUTIVE
OFFICER****04/30/2024**

