2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2004 8:00 am
Secretary of State
04-15-2004 90045 044 ****61.25

DOCUMENT # 756004

1. Entity Name

THE LEON HIGH SCHOOL FOUNDATION, INC.

Principal Place of Business	Mailing Address
550 E TENNESSEE STREET TALLAHASSEE FL 32308	P.O.BOX 15963 TALLAHASSEE FL 32317

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 58-9113986 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CULPEPPER, BRUCE 301 N BRONOUGH ST TALLAHASSEE FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ~~ROSEN, MARY A~~ ~~3038 HAWKS GLEN~~ ~~TALLAHASSEE FL 32312~~	☒ Delete	DP Jonette Sawyer 2012 Winthrop Way Tallahassee, FL 32312	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP ~~MILLS, DON~~ ~~2803 MAYFIELD AVE~~ ~~TALLAHASSEE FL 32312~~	☒ Delete	DVP Joan P. May 705 Forest Lair Tallahassee, FL 32312	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT GRAHAM, J.RANDALL 1616 METROPOLITAN CIRCLE TALLAHASSEE FL 32308	☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS HOBBY, LATRELLE 672 SHADEVILLE RD CRAWFORDVILLE FL 32327	☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jonette M. Sawyer 4-8-04 850-385-3628

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #