2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# 756004

Entity Name: THE LEON HIGH SCHOOL FOUNDATION, INC.

Current Principal Place of Business:

550 E TENNESSEE STREET
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 15963
TALLAHASSEE, FL 32317

New Mailing Address:

6345 SINKOLA DR
TALLAHASSEE, FL 32312

FEI Number: 58-9113986 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CULPEPPER, BRUCE
301 N BRONOUGH ST
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

JOHNSON, RAY A.
6345 SINKOLA DR
TALLAHASSEE, FL 32312 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: RAY A JOHNSON 04/29/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: REDDING, CHARLES
Address: 2008 DOGWOOD HILL
City-St-Zip: TALLAHASSEE, FL 32308

Title: DT ( ) Delete
Name: JOHNSON, RAY A.
Address: 6345 SINKOLA DR
City-St-Zip: TALLAHASSEE, FL 32312

Title: DS ( ) Delete
Name: HOBBY, LATRELLE
Address: 672 SHADEVILLE ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: SAFLEY, ROBIN
Address: 804 N LAKESHORE DR
City-St-Zip: TALLAHASSEE, FL 32312

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change ( ) Addition
Name: JOHNSON, DONNA
Address: 6345 SINKOLA DR
City-St-Zip: TALLAHASSEE, FL 32312

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RAY A JOHNSON DT 04/29/2009
Electronic Signature of Signing Officer or Director Date