

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011139

FILED
Apr 13, 2005
Secretary of State

Entity Name: LEON BASEBALL BOOSTERS, INC.

Current Principal Place of Business:

550 EAST TENNESSEE ST.
TALLAHASSEE, FL 32315

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 38571
TALLAHASSEE, FL 32315

New Mailing Address:

FEI Number: 20-2156329 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ARMISTEAD, DAISY
4200 MCLEOD DR.
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

CRABTREE, ROBERT C
1558 VILLAGE SQUARE BLVD.
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: ROBERT CRABTREE

04/13/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ARMISTEAD, DAISY
Address: 4200 MCLEOD DR.
City-St-Zip: TALLAHASSEE, FL 32303

Title: PD () Delete
Name: ARMISTEAD, PAUL
Address: 4200 MCLEOD DR.
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: CLARK, AARON
Address: 1974 BUSHY HALL RD.
City-St-Zip: TALLAHASSEE, FL 32308

Title: VD () Delete
Name: BENNETT, MIKE
Address: 709 BIVINS AVE.
City-St-Zip: TALLAHASSEE, FL 32303

Title: VD () Delete
Name: DAVIS, EMORY
Address: 2608 NEUCHATEL DR.
City-St-Zip: TALLAHASSEE, FL 32303

Title: VD () Delete
Name: DAVIS, SUSAN
Address: 2608 NEUCHATEL DR.
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: CRABTREE, ROBERT C
Address: 1558 VILLAGE SQUARE BLVD.
City-St-Zip: TALLAHASSEE, FL 32312

Title: PD (X) Change () Addition
Name: HAHN, ROGER
Address: 1305 LIVE OAK PLANTATION RD
City-St-Zip: TALLAHASSEE, FL 32312

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT C. CRABTREE

MR

04/13/2005

Electronic Signature of Signing Officer or Director

Date