
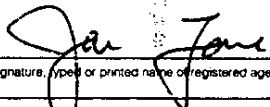
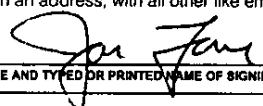


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90046 002 ****61.25

DOCUMENT # N04000011139			
1. Entity Name LEON BASEBALL BOOSTERS, INC.			
Principal Place of Business 550 EAST TENNESSEE ST. TALLAHASSEE, FL 32308		Mailing Address P.O. BOX 38571 TALLAHASSEE, FL 32315	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		01152008 Chg-NP CR2E037 (12/06)	
		4. FEI Number 20-2156329	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CRABTREE, ROBERT C 1558 VILLAGE SQUARE BLVD. TALLAHASSEE, FL 32312		Name LANE, JOSEPH	
		Street Address (P.O. Box Number is Not Acceptable)	
		1515 HICKORY AVENUE	
		City TALLAHASSEE FL Zip Code 32303	
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 1-20-08	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD CRABTREE, ROBERT C 1558 VILLAGE SQUARE BLVD. TALLAHASSEE, FL 32312 <input checked="" type="checkbox"/> Delete	TITLE	PD LANE, JOSEPH 1515 HICKORY AVENUE TALLAHASSEE, FL 32303 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	T DAVIS, EMORY 2608 NEUCHATEL DR. TALLAHASSEE, FL 32308 <input checked="" type="checkbox"/> Delete	TITLE	T SMITH, MICHELLE 5001 ROBINHOOD KENNEL ROAD TALLAHASSEE, FL 32303 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D CLARK, AARON 1974 BUSHY HALL RD. TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE	VD BARR, RICHARD 1910 CELTIC ROAD TALLAHASSEE, FL 32317 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	VD BOSTWICK, JAY 2102 GREAT OAK DRIVE TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete	TITLE	
TITLE	VD CLARKE, ROBERT 4703 HARGROVE RD TALLAHASSEE, FL 32309 <input type="checkbox"/> Delete	TITLE	
TITLE	VD CANUP, ED 217 NORTH MONROE STREET TALLAHASSEE, FL 32301 <input checked="" type="checkbox"/> Delete	TITLE	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		DATE 1-20-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	