

**FILE NOW: FILING FEE AFTER MAY 15 \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 30 AM 9: 29

DOCUMENT # **N51064** (6)

1. Corporation Name  
**LEON CREW BOOSTERS, INC.**

Principal Place of Business Mailing Address  
**PO BOX 38154 TALLAHASSEE FL 32315 US** **PO BOX 38154 TALLAHASSEE FL 32315 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/29/1992** 3a. Date of Last Report **08/16/1994**

4. FEI Number **59-3222198** Applied For  Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 24 Country 25 29 Zip 30 Country

9. Name and Address of Current Registered Agent

**DUNLAP, DAVIDSON F., JR.**  
**115 S. MONROE**  
**2ND FLOOR**  
**TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name **DUNLAP, DAVIDSON F., JR.**

82 Street Address (P.O. Box Number is  Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>SCHILLER, TERESA</b>
STREET ADDRESS	<b>1928 SAGEWAY DR.</b>
CITY - ST - ZIP	<b>TALLAHASSEE FL 32303</b>
TITLE	<b>VP</b>
NAME	<b>DUNLAP, JAN</b>
STREET ADDRESS	<b>3785 BOBBIN MILL RD.</b>
CITY - ST - ZIP	<b>TALLAHASSEE FL 32312</b>
TITLE	<b>T</b>
NAME	<b>LOVELACE, BELUNDA</b>
STREET ADDRESS	<b>2001 GREENWOOD DR.</b>
CITY - ST - ZIP	<b>TALLAHASSEE FL 32303</b>
TITLE	<b>S</b>
NAME	<b>GREEN, BETTY</b>
STREET ADDRESS	<b>905 KENILWORTH DR.</b>
CITY - ST - ZIP	<b>TALLAHASSEE FL 32312</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>President - D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>Drew, Mitchell</b>
13 STREET ADDRESS	<b>495 Frank Shaw Rd.</b>
14 CITY - ST - ZIP	<b>Tallahassee, FL. 32312</b>
21 TITLE	<b>President - D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>Dunlap, Jan D</b>
23 STREET ADDRESS	<b>3785 Bobbin Mill Rd.</b>
24 CITY - ST - ZIP	<b>Tallahassee, FL 32312</b>
31 TITLE	<b>Treasurer - D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>Luke, Kandi Hicks</b>
33 STREET ADDRESS	<b>10993 Luna Point Rd.</b>
34 CITY - ST - ZIP	<b>Tallahassee, FL. 32312</b>
41 TITLE	<b>(SAME) Secretary - D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jan Dunlap Jan Dunlap 2/15/95 093-3007

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR (Date) (System Use Only)