

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N51064 (6)**

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



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

3. Date Incorporated or Qualified **05/29/1992** 3a. Date of Last Report **03/30/1995**

2. Principal Place of Business 2a. Mailing Address

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

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

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

22 City & State 27 City & State

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

23 Zip Country 28 Zip Country

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

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DUNLAP, DAVISSON F JR  
215 S. MONROE  
2ND FLOOR  
TALLAHASSEE FL 32301**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
NAME **PD DREW, MITCHELL**  
STREET ADDRESS **495 FRANK SHAW RD**  
CITY-ST-ZIP **TALLAHASSEE FL**

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS *Green, Betty*  
1.4 CITY-ST-ZIP *905 Kenilworth Rd Tall. Fl. 32312*

TITLE  DELETE  
NAME **PD DUNLAP, JAN**  
STREET ADDRESS **3765 BOWEN MILL RD**  
CITY-ST-ZIP **TALLAHASSEE FL**

2.1 TITLE  Change  Addition  
2.2 NAME *Stelin, Dancer*  
2.3 STREET ADDRESS *8341 Chickasaw Trl*  
2.4 CITY-ST-ZIP *Tall Fl. 32312*

TITLE  DELETE  
NAME **TD LUKE, KANDI H**  
STREET ADDRESS **10993 LUNA POINT RD**  
CITY-ST-ZIP **TALLAHASSEE FL**

3.1 TITLE  Change  Addition  
3.2 NAME *Hicks, Kandi*  
3.3 STREET ADDRESS *3385 Lakeshore Dr.*  
3.4 CITY-ST-ZIP *Tall Fl. 32312*

TITLE  DELETE  
NAME **SD GREEN, BETTY**  
STREET ADDRESS **905 KENILWORTH DR.**  
CITY-ST-ZIP **TALLAHASSEE FL**

4.1 TITLE  Change  Addition  
4.2 NAME *Taylor, Debra*  
4.3 STREET ADDRESS *1499 Manning Dove Rd*  
4.4 CITY-ST-ZIP *Tall, Fl. 32312*

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS **500001829065**  
5.4 CITY-ST-ZIP **-05/20/96--01040--005**

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP *70/519*

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 119.07(3)(k), 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: *Kandi Hicks* **Kandi Hicks** **2/8/96** **8044133400**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)