FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 10, 1999 8:00 am § Secretary of State

05-10-1999 90042 001 ****61.25

DOCUMENT # N51064

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

LEON CREW BOOSTERS, INC.								
Principal Place of Business PO BOX 38154 TALLAHASSEE FL 32315 US Mailing Address PO BOX 38154 TALLAHASSEE FL 32315 US								
2. Principal F	Place of Business	2a. Mailing Address			_	3. Date Incorporated or Qualifed 05/29/1992		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				4. FEI Number Applied 59-3222198 Not Appl		
City & Sta	te	City & State				5. Certificate of Status Desired Fee Required	nal	
Zip 24	Country 25	Zip 29	Cou:	ntry		6. Election Campaign Financing S5.00 May I Trust Fund Contribution Added to Fee		
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registered Agent		
				81	Name			
DUNLAP, DAVISSON F JR				20	04	Address (D.O. Den North and Mark Assessable)		
•				82	Street A	Address (P.O. Box Number is Not Acceptable)		
215 S. MONROE				83				
2ND FLOOR						•		
TALLAHA	SSEE FL 32301			84	City	FL 85 Zip Code		
office or a	registered agent, or both, in the State im familiar with, and accept the obligat	of Florida. Such change was a ions of, Section 617.0503, Flo	uthorized rida Statu	by thutes.	e corpor	corporation submits this statement for the purpose of changing its registoration's board of directors. I hereby accept the appointment as registered	ered ed	
_	Signature, typed or printed name of registered agen			Agent s	ignature rec	required when reinstating) DATE		
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN		
mle	1 =	O Y DELETE			1	☐ Change ☑	Addition	
NAME	- · · · · · · · · · · · · · · · · · · ·			1.2 NAME		Pat Parmer 3012 Stillwood Ct.		
STREET ADDRESS	raddress 434 FRANKSHAW ROAD			1.3 STREET ADDRESS		3013 24 11 mgg C.		
CITY-ST-ZIP	TALLAHASSEE FL			1.4 CTTY-ST-ZIP		Tallahassee, FL 32312	/_	
TITLE	D DELETE		2.1 ₹17	2.1 TITLE .		D. Change D	Addition	
NAME	TARVER, DEBRA 22		2.2 NA	ME	1	Donnis		
STREET ADDRESS	Control to the Control of the Contro			2.3 STREET ADDRESS		50 Talaflo St		
CITY-ST-ZIP	TALLAHASSEE FL 32312	_	2.4 CF	TY-ST-	71P	Tallahassee, FL 32308		
TILE	TD	DELETE .	3,1 111			TD ☐ Change ☑	Addition	
NAME	CROFT, DALE		3.2 NA	ME		Vickie D. Johnson	Į.	
STREET AODRESS			3.3 ST	RFFT AI	DORESS	4558 Higharove Rd.		
CITY-ST-ZIP	TALLAHASSEE FL 32312			TY-ST-		4558 Highgrove Rd. Tallahassee, FL 32308		
TITLE				Œ	-	Change	Addition	
NAME	DECKER, BARBARA		4, 2 NA					
	6309 COACH HOUSE COURT							
STREET ADDRESS			1		DORESS			
CITY-ST-ZIP	TALLAHASSEE FL	□ DELETÉ		Y-ST-Z	ZIP		Addition	
TITLE	1	U VELE IE	5.1 TIT	ιŁ	i	☐ Change ☐	-cuidon '	

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered. (850)893-4310

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

SIGNATURE: VICKISTONTAL REQUIRED

Change

Addition

≣: