

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 23, 2004
Secretary of State**

DOCUMENT# N51064

Entity Name: LEON CREW BOOSTERS, INC.

Current Principal Place of Business:

PO BOX 38154
TALLAHASSEE, FL 32315 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 38154
TALLAHASSEE, FL 32315 US

New Mailing Address:

FEI Number: 59-3222198 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARLAN, DAVID M JR.
1193 RONDS POINTE DR. EAST
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

SAWYER, JONETTE M
2012 WINTHROP WAY
TALLAHASSEE, FL 32308 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: JONETTE M. SAWYER 02/23/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GUIDO, BOB
Address: 1328 PEACEFIELD PLACE
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: DVP () Delete
Name: SCHIEFELBEIN, LUCY
Address: 1449 GOODWOOD CT.
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: DVP () Delete
Name: REHWINKEL, CHARLES
Address: 490 TEENIE CT
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: S (X) Delete
Name: CRABTREE, ELLEN
Address: 181 ROSEHILL DR
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: S (X) Delete
Name: BARRIOS, NINA
Address: 914 SHOAL CREEK DR
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: T (X) Delete
Name: HARLAN, DAVID
Address: 1193 RONDS POINTE DR EAST
City-St-Zip: TALLAHASSEE, FL 32312 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SCHIEFELBEIN, LUCY
Address: 1449 GOODWOOD CT.
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: DVP (X) Change () Addition
Name: CARROLL, MARY
Address: 520 SHORT ST
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: T (X) Change () Addition
Name: SAWYER, JONETTE M
Address: 2012 WINTRHOP WAY
City-St-Zip: TALLAHASSEE, FL 32308 US

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: JONETTE M. SAWYER T 02/23/2004
Electronic Signature of Signing Officer or Director Date