

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51064

FILED
Jan 07, 2008
Secretary of State

Entity Name: LEON CREW BOOSTERS, INC.

Current Principal Place of Business:

512 WILLIAMS STREET
TALLAHASSEE, FL 32315

New Principal Place of Business:

Current Mailing Address:

PO BOX 38154
TALLAHASSEE, FL 32315

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:

MINARDI, CHRISTINE A
512 WILLIAMS STREET
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: CHILES, MARY
Address: 3030 HAWKS GLEN
City-St-Zip: TALLAHASSEE, FL 32312 US

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

Title: TREA () Delete
Name: MINARDI, CHRISTINE A
Address: 512 WILLIAMS STREET
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: PREL () Delete
Name: SNOWDEN, LEE
Address: 3609 UNCLE GLOVER ROAD
City-St-Zip: TALLAHASSEE, FL 32312

Title: CHAI () Delete
Name: ANDERSON, WAYNE
Address: 3424 MONITOR LANE
City-St-Zip: TALLAHASSEE, FL 32312

Title: PPRE () Delete
Name: MAIDE, MARY
Address: 1306 RACHEL LANE
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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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 exemption stated 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 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: CHRISTINE ANNE MINARDI

TREA

01/07/2008

Electronic Signature of Signing Officer or Director

Date