2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 30, 2007 8:00 am **Secretary of State DOCUMENT # 756004** 1. Entity Name 03-30-2007 90147 002 ****61.25 THE LEON HIGH SCHOOL FOUNDATION, INC. Principal Place of Business Mailing Address 550 E TENNESSEE STREET P.O.BOX 15963 TALLAHASSEE FL 32308 TALLAHASSEE FL 32317 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite Apt # etc Suite, Apt. #, etc 1st MOORE CR2E037 (10/06) City & State Applied For City & State 4. FEI Number 58-9113986 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CULPEPPER, BRUCE Street Address (P.O. Box Number is Not Acceptable) 301 N BRONOUGH ST TALLAHASSEE FL 32301 Zip Code FI 8. 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. I am familiar with, and accept the obligations of registered agents. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE , FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE DP ☐ Delete ШЕ DP ☐ Addition NAME Charles Redding MAY, JOANF NAME STREET ADDRESS STREET ADDRESS 705 FOREST LAIR-2008 Dogwood Hill CITY - ST - ZIP JALLAHASSEE FL 32312 CITY-ST-ZIP Tallahassee, FL 32308 DT ☐ Delete TITLE Change ☐ Addition NAME JOHNSON, RAY A. NAME STREET ADDRESS 6345 SINKOLA DR STREET ADDRESS CITY-SI-ZIP CITY ST-7IP TALLAHASSEE FL 32312 TITLE ☐ Delete THE ☐ Change ☐ Addition NAME Latrelle Hobby GARGERS, JANIGE NAME STREET ADDRESS STREET ADDRESS 672 Shadeville Read 2944 ACCHUOHLSTABLE RD-CITY-ST-ZIP CITY-ST-ZIP Crawfordville, FL 32327 ☐ Change ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THLE Delete HILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP JIT1 F ☐ Delele TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ray Johnson, Treasurer

3/14/07

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FILED