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**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90164 003 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 760800**

1. Corporation Name

**LEON HIGH SCHOOL BASEBALL BOOSTERS CLUB**

Principal Place of Business  
8054 JORDAN COURT  
TALLAHASSEE FL 32308

Mailing Address  
P.O. BOX 38571  
TALLAHASSEE FL 32315



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/23/1981	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2858124	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country		

9. Name and Address of Current Registered Agent

PROVOST, FRANCES D  
8054 JORDAN COURT  
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP
NAME	CHOMAT, ROBERT	1.2 NAME	Danny Johnson
STREET ADDRESS	616 FOREST LAIR	1.3 STREET ADDRESS	1302 LIVE OAK PLANTATION
CITY-ST-ZIP	TALLAHASSEE FL 32312	1.4 CITY-ST-ZIP	TALLAHASSEE FL 32312
TITLE	VP	2.1 TITLE	TIM HUNT
NAME	SILLS, MIKE	2.2 NAME	806 IVANHOE
STREET ADDRESS	7891 MCCLURE DRIVE	2.3 STREET ADDRESS	TALLAHASSEE FL 32312
CITY-ST-ZIP	TALLAHASSEE FL 32312	2.4 CITY-ST-ZIP	TALLAHASSEE FL 32312
TITLE	VPD	3.1 TITLE	
NAME	READ, ROBERT	3.2 NAME	
STREET ADDRESS	7896 MCCLURE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32312	3.4 CITY-ST-ZIP	
TITLE	DT	4.1 TITLE	
NAME	PROVOST, FRANCES	4.2 NAME	
STREET ADDRESS	8054 JORDAN COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	
NAME	BROOKS, LINDA	5.2 NAME	
STREET ADDRESS	2328 HAVERHILL RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32312	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	
NAME	REDDING, CHARLEY	6.2 NAME	
STREET ADDRESS	2008 DOGWOOD HILL	6.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	6.4 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.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99

850 6681939

Date

Daytime Phone #

CR2E037 (1/98)