

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

500035724305
05/06/04--01073--003 **\$1.25

DOCUMENT # N02000009902

1. Entity Name
LEON HIGH CHEERLEADERS ASSOCIATION, INC.



FILED

04 APR 19 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
550 E TENNESSEE ST
TALLAHASSEE, FL 32301

Mailing Address
1115 MIMOSA DR
TALLAHASSEE, FL 32312-3015

2. Principal Place of Business
550 E. TENNESSEE ST.
Suite, Apt. #, etc.

3. Mailing Address
3713 Lifford Circle
Suite, Apt. #, etc.

04162004 Chg-NP CR2E037 (10/03) 04

City & State
TALLAHASSEE, FL
Zip
32301
Country
USA

City & State
TALLAHASSEE, FL
Zip
32309
Country
USA

4. FEI Number
50-0002979
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEWIS, JAN
1115 MIMOSA DR
TALLAHASSEE, FL 32312-3015

7. Name and Address of New Registered Agent

Name
Robin Naitove
Street Address (P.O. Box Number is Not Acceptable)
3713 Lifford Circle
City
Tallahassee FL Zip Code
32309

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 agent.

SIGNATURE Robin M Naitove Robin M Naitove 4/16/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CHAPMAN, MARY 702 WAVERLY RD TALLAHASSEE, FL 32312	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D2VP SHIELDS, SHIRLEY 3104 MAE RD TALLAHASSEE, FL 32312	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP SMITH, LESLIE 2229 DEMERON RD TALLAHASSEE, FL 32312	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LEWIS, JAN 1115 MIMOSA DR TALLAHASSEE, FL 32312	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRYAN, LORRAINE 2828 PITZPATRICK DR TALLAHASSEE, FL 32309	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GAINES, CYNTHIA 1426 VICTORIA ST TALLAHASSEE, FL 32310	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR/PRESIDENT DAWN LONG 3120 DOVER ROAD HAVANA, FL 32333	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR/EXECUTIVE V.P. KAREN ARMSTRONG 4943 GLEN CASTLE DR. TALLAHASSEE, FL 32309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SENIOR VICE PRESIDENT SHIRLEY SHIELDS 3104 MAE RD. TALLAHASSEE, FL 32312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR/SECRETARY CATHY KESSLER 302 N. DELLVIEW DR. TALLAHASSEE, FL 32303	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR/TREASURER ROBIN NAITOVE 3713 LIFFORD CIRCLE TALLAHASSEE, FL 32309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR/PARLIAMENTARIAN PAULA SILCOX 9026 OLD CHEMONIE ROAD TALLAHASSEE, FL 32309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robin M Naitove 4/16/04 850/921-7112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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