

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009902

FILED
Mar 19, 2005
Secretary of State

Entity Name: LEON HIGH CHEERLEADERS ASSOCIATION, INC.

Current Principal Place of Business:

550 E TENNESSEE ST
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

3713 LIFFORD CIRCLE
TALLAHASSEE, FL 323093015

New Mailing Address:

FEI Number: 50-0002979

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NAITOVE, ROBIN
3713 LIFFORD CIRCLE
TALLAHASSEE, FL 32309 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: DP () Delete
Name: LONG, DAWN
Address: 3120 DOVER ROAD
City-St-Zip: HAVANA, FL 32333

Title: DEVP () Delete
Name: ARMSTRONG, KAREN
Address: 4943 GLEN CASTLE DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: SVP () Delete
Name: SHIELDS, SHIRLEY
Address: 3104 MAE ROAD
City-St-Zip: TALLAHASSEE, FL 32312

Title: DS () Delete
Name: KESSLER, CATHY
Address: 302 N. DELLVIEW DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: DT () Delete
Name: NAITOVE, ROBIN
Address: 3713 LIFFORD CIRCLE
City-St-Zip: TALLAHASSEE, FL 32309

Title: DP () Delete
Name: SILCOX, PAULA
Address: 9026 OLD CHEMONIE ROAD
City-St-Zip: TALLAHASSEE, FL 32309

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
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: ROBIN M. NAITOVE

DT

03/19/2005

Electronic Signature of Signing Officer or Director

Date