2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009902

FILED Jul 08, 2008 Secretary of State

Entity Name: LEON HIGH CHEERLEADERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 550 E TENNESSEE ST TALLAHASSEE, FL 32301 **Current Mailing Address: New Mailing Address:** 4305 CALCUTTA CT TALLAHASSEE, FL 32303 FEI Number: 50-0002979 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SMITH, BARBARA 4305 CALCUTTA CT TALLAHASSEE, FL 32303 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DP () Delete (X) Change () Addition WALTERS, TERRI O' NEIL, DEDRA Name: Name: 2855 FITZPATRICK DR Address: 2025 SHADY OAKS DRIVE Address: City-St-Zip: TALLAHASSEE, FL 32309 City-St-Zip: TALLAHASSEE, FL 32303 (X) Change () Addition Title: DEVP () Delete Title: DEVP SULLIVAN, CINDY Name: CARNS, MICHELLE Name: Address: 3053 HAWKS GLEN Address: 1537 WOODGATE WAY City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: TALLAHASSEE, FL 32308 Title: SVP () Delete Title: SVP (X) Change () Addition GLASS, RUSS LITHERLAND, SUZANNE Name: Name: 760 N LAKESHORE DR Address: Address: 2048 DOOMAR DRIVE City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: TALLAHASSEE, FL 32308 Title: DT () Delete Title: () Change () Addition Name: SMITH, BARBARA Name: Address: 4305 CALCUTTA CT Address: City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: Title: () Delete Title: SECR (X) Change () Addition STRAUSS, RHONDA Name: Name: BARTLETT, STACY 2009 DOGWOOD HILL 7287 OLD BAINBRIDGE ROAD Address: Address: City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip: TALLAHASSEE, FL 32303

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: MICHELLE CARNS DEVP 07/08/2008