2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2008 8:00 am Secretary of State

DOCUMENT # N03000010366 1. Entity Name LEON HIGH SCHOOL BOYS SOCCER BOOSTERS, INC.							04-29-200	8 90089 0	31 ****6	1.25	
Principal Place of Business 550 E TENNESSEE ST TALLAHASSEE, FL 32308 Mailing Addre				•							
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Addr	ess								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04222008				MINT DI INNI	
City & State		City & State				4. FEI Number	Chg-NP	CR2E03	7 (12/06)	plied For	
City & State					20-0625	277		No	t Applicable		
Zip	Country	Zip	Co	ountry		5. Certificate o	f Status Desired		\$8.75 Add Fee Require		
	6. Name and Address of Curren	t Registered Agent		Nama		7. Name and A	ddress of New	Registered A	Agent		
RICE, ALLAN				<u> </u>	Name Kevm Record						
LEON HIGH SCHOOL 550 E TENNESSEE ST				Street Ac	Street Address (P.O. Box Number is Not Acceptable)						
	SSEE, FL 32308			5	50 E	Tenn		51.			
				City T	allah			FL	Zip Code	 08	
	named entity submits this statement ions of registered agent.	for the purpose of ch	nanging its registe	ered office or	registered	agent, or both	, in the State of F	Florida. I am f	amiliar with,	and accept	
SIGNATURE .		_									
SIGNATURE	Signature, typed or printed name of registered aged	nt and title if applicable.	(NOTE: Registe	ered Agent signatui	ure required wh	hen reinstating)		DATE			
4 •	Signature, typed or printed name of registered age Filling Fee is \$61.25 Due by May 1, 2008	9. EI	(NOTE: Registe ection Campaign rust Fund Contribu	Financing	\$	55.00 May Be		DATE Make check orlda Depart			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 RSmith Robin R
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR