

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

May 03 2005

DOCUMENT # N04000010343

1. Entity Name  
LEON HIGH SCHOOL ALUMNI ASSOCIATION, INC.



FILED  
05 APR 29 AM 7:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
3111 MAHAN DR STE 20 PMB 2178  
TALLAHASSEE, FL 32308

Mailing Address  
3111 MAHAN DR STE 20 PMB 2178  
TALLAHASSEE, FL 32308



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01102005 Chg-NP CR2E037 (10/03)

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANAUSA, DANIEL E  
3520 THOMASVILLE RD 4TH FL  
TALLAHASSEE, FL 32309

Name Sheila S. Melton

Street Address (P.O. Box Number is Not Acceptable)  
550 E. Tennessee St

City Tallahassee

FL

Zip Code 32308

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

*Sheila S. Melton*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

*May 1, April 28, 2005*

Filing Fee is \$61.25  
Due by May 1, 2005

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME TEAGUE, LINDA  
STREET ADDRESS 550 E TENNESSEE ST  
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME MELTON, SHEILA S  
STREET ADDRESS 550 E TENNESSEE ST  
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE ☐ Change ☐ Addition  
NAME 800054015368  
STREET ADDRESS 05/06/05--01066--016 \*\*\$61.25  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME O'KELLEY, NAN W  
STREET ADDRESS 550 E TENNESSEE ST  
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME HALL, ALLISON  
STREET ADDRESS 550 E TENNESSEE ST  
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME TOWEY, MARY K  
STREET ADDRESS 550 E TENNESSEE ST  
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE ☐ Change ☐ Addition  
NAME delete Mary K. Towey  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME ABSTEIN, BRENDA A  
STREET ADDRESS 550 E TENNESSEE ST  
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Sheila S. Melton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 28, 2005*  
DATE Daytime Phone #