


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90435 004 \*\*\*\*61.25

<b>DOCUMENT # N04000010343</b>			
1. Entity Name <b>LEON HIGH SCHOOL ALUMNI ASSOCIATION, INC.</b>			
Principal Place of Business <b>3111 MAHAN DR STE 20 PMB 2178 TALLAHASSEE, FL 32308</b>		Mailing Address <b>3111 MAHAN DR STE 20 PMB 2178 TALLAHASSEE, FL 32308</b>	
2. Principal Place of Business - No P.O. Box # <b>550 E TENNESSEEST</b>		3. Mailing Address <b>P.O. BOX 15047</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>TALLAHASSEE FL</b>		City & State <b>TALLAHASSEE, FL</b>	
Zip <b>32308</b>	Country <b>USA</b>	Zip <b>32317</b>	Country <b>USA</b>
4. Name and Address of Current Registered Agent <b>MELTON, SHEILA S 550 E TENNESSEE ST TALLAHASSEE, FL 32308</b>		7. Name and Address of New Registered Agent Name <b>BRENDA A. ABSTEIN</b> Street Address (P.O. Box Number is Not Acceptable) <b>304 MILL BRANCH RD</b> City <b>TALLAHASSEE FL</b> Zip Code <b>32312</b>	
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 <b>BRENDA A. ABSTEIN</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<b>Brenda A. Abstein</b> <b>4-26-2007</b> <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TEAGUE, LINDA 550 E TENNESSEE ST TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELTON, SHEILA S 550 E TENNESSEE ST TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'KELLEY, NAN W 550 E TENNESSEE ST TALLAHASSEE, FL 32308 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARY S. CARROLL 520 SHORT STREET TALLAHASSEE, FL 32308 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, ALLISON 550 E TENNESSEE ST TALLAHASSEE, FL 32308 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABSTEIN, BRENDA A 550 E TENNESSEE ST TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRENDA A. ABSTEIN 304 MILL BRANCH RD TALLAHASSEE, FL 32312 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <b>Brenda A. Abstein</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>BRENDA A. ABSTEIN</b> <b>4-26-2007</b> <small>Date Daytime Phone #</small>	

40090373



04262007 Chg-NP CR2E037 (12/06)

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

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

850-545-4277