

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46512

FILED
Apr 30, 2006
Secretary of State

Entity Name: LEON LIONS VOLLEYBALL BOOSTERS, INC.

Current Principal Place of Business:

550 E. TENNESSEE STREET
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

Current Mailing Address:

550 E. TENNESSEE STREET
TALLAHASSEE, FL 32308 US

New Mailing Address:

FEI Number: 59-3113685

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECKER, JOY E
720 DERBYSHIRE RD.
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

BECKER, JOY E
3619 STROLLING WAY
TALLAHASSEE, FL 32311 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:

04/30/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FASSIG, WILL
Address: 751 RIGGINS ROAD
City-St-Zip: TALLAHASSEE, FL 32308

Title: TD () Delete
Name: JOHNSON, D. JEANIE
Address: 6345 SINKOLA DR
City-St-Zip: TALLAHASSEE, FL 32312

Title: SD () Delete
Name: OVERTON, BECKY
Address: 3502 KILKENNY RD. E.
City-St-Zip: TALLAHASSEE, FL 32309

Title: VD () Delete
Name: BRYAN, BENJI
Address: 3522 TULLAMOORE LN
City-St-Zip: TALLAHASSEE, FL 32309

Title: VD () Delete
Name: BECKER, JOY E
Address: 720 DERBYSHIRE ROAD
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HILAMAN, LINDA
Address: 1109 MIMOSA DR
City-St-Zip: TALLAHASSEE, FL 32312

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: MORRISON, CAROL
Address: 1051 LIVE OAK PLANTATION RD.
City-St-Zip: TALLAHASSEE, FL 32312

Title: VD (X) Change () Addition
Name: STOCKDALE, MIKE
Address: JEAN DR.
City-St-Zip: TALLAHASSEE, FL 32308

Title: VD (X) Change () Addition
Name: BECKER, JOY E
Address: 3619 STROLLING WAY
City-St-Zip: TALLAHASSEE, FL 32311

I hereby certify that the information supplied with this filing does not qualify for the 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: JOY E. BECKER

VD

04/30/2006

Electronic Signature of Signing Officer or Director

Date