

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46512

FILED  
May 01, 2008  
Secretary of State

**Entity Name:** LEON LIONS VOLLEYBALL BOOSTERS, INC.

**Current Principal Place of Business:**

550 E TENNESSEE ST  
TALLAHASSEE, FL 32308 US

**New Principal Place of Business:**

**Current Mailing Address:**

550 E TENNESSEE ST  
TALLAHASSEE, FL 32308 US

**New Mailing Address:**

**FEI Number:** 59-3113685 **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:**

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

**Name and Address of New Registered Agent:**

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:**

Title: PD ( ) Delete  
Name: SAFLEY, ROBIN  
Address: 804 N LAKESHORE DR  
City-St-Zip: TALLAHASSEE, FL 32312 US

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

Title: SD ( ) Delete  
Name: GOFF, SHAN  
Address: 2411 FORMOSA DR  
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: VD ( ) Delete  
Name: AARON, HEIDI  
Address: 1201 LUCY ST  
City-St-Zip: TALLAHASSEE, FL 32308 US

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: SD (X) Change ( ) Addition  
Name: AARON, HEIDI  
Address: 1201 LUCY ST  
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: VD (X) Change ( ) Addition  
Name: WATKINS, JOY  
Address: 564 RHODEN COVE  
City-St-Zip: TALLAHASSEE, FL 32312 US

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

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: JOY E. BECKER

VD

05/01/2008

Electronic Signature of Signing Officer or Director

Date