2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N46512

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 ( )**

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: AARON, HEIDI
Address: 1201 LUCY ST
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: VD ( ) Delete
Name: WATKINS, JOY
Address: 564 RHODEN COVE
City-St-Zip: TALLAHASSEE, FL 32312 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: PD (X) Change ( ) Addition
Name: JOHNSON, RAY
Address: 6345 SINKOLA DR
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: TD (X) Change ( ) Addition
Name: AHLER, PURA
Address: 2528 MARSTON RD
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: SD (X) Change ( ) Addition
Name: GABBARD, KIM
Address: 7038 BRADFORDVILLE RD.
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: VD (X) Change ( ) Addition
Name: DISALVO, KELLEY
Address: 2106 SPENCE AVE
City-St-Zip: TALLAHASSEE, FL 32308 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 BECKER VD 04/30/2009

Electronic Signature of Signing Officer or Director — Date