2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46512

FILED Mar 02, 2011 Secretary of State

Entity Name: LEON LIONS VOLLEYBALL BOOSTERS, INC.

Current Principal Place of Business: New Principal Place of Business:

550 E TENNESSEE ST

TALLAHASSEE, FL 32308 US

Current Mailing Address: New Mailing Address:

550 E TENNESSEE ST

TALLAHASSEE, FL 32308 US

FEI Number: 59-3113685 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

STRICKLAND, ANGIE M 3467 SEDONA LOOP

TALLAHASSEE, FL 32308 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD

Name: GALE, RICHARD

Address: 5993 MILES BLAKE DRIVE City-St-Zip: TALLAHASSEE, FL 32309 US

Title: VD

Name: THOMAS, M. KEMMERLY
Address: 1511 ARGONNE ROAD
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: TD

 Name:
 AHLER, PURA

 Address:
 2528 MARSTON ROAD

 City-St-Zip:
 TALLAHASSEE, FL 32308 US

Title: SD

Name: LANE, SALLY

Address: 1515 HICKORY AVENUE City-St-Zip: TALLAHASSEE, FL 32303 US

Title: SD Name: LANE, JOE

Address: 1515 HICKORY AVENUE City-St-Zip: TALLAHASSEE, FL 32303 US

Title: VD

 Name:
 STRICKLAND, ANGIE M

 Address:
 3467 SEDONA LOOP

 City-St-Zip:
 TALLAHASSEE, FL 32308 US

I hereby 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 all other like empowered.

SIGNATURE: PURA AHLER TD 03/02/2011