2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2012
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:

STRICKLAND, ANGIE M
3467 SEDONA LOOP
TALLAHASSEE, FL 32308 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: VPD
Name: MENDOZA, LYNN
Address: 1514 CRISTOBAL DR
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: TD
Name: JOHNSON, DONNA
Address: 6345 SINKOLA DR
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: SD
Name: MOORE, SHANNON
Address: 1111 SANDHURST DR
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: D
Name: LANE, SALLY
Address: 1515 HICKORY AVENUE
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: PD
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: DONNA J JOHNSON TD 04/10/2012

Electronic Signature of Signing Officer or Director Date