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FILED
Jan 23 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N51064 (6)

1. Corporation Name

LEON CREW BOOSTERS, INC.



Principal Place of Business

Mailing Address

PO BOX 38154
TALLAHASSEE FL 32315
US

PO BOX 38154
TALLAHASSEE FL 32315
US

3. Date Incorporated or Qualified

05/29/1992

4. FEI Number

59-3222198

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUNLAP, DAVISSON F JR
215 S. MONROE
2ND FLOOR
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME STANCILL, BILL
STREET ADDRESS 434 FRANKSHAW ROAD
CITY-ST-ZIP TALLAHASSEE FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME TARVER, DEBRA
STREET ADDRESS 1499 MORNING DOVE RD.
CITY-ST-ZIP TALLAHASSEE FL 32312

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TD
NAME HICKS, KANDI H
STREET ADDRESS 3385 LAKESHORE DR.
CITY-ST-ZIP TALLAHASSEE FL 32312

3.1 TITLE TD
3.2 NAME DALE CROFT
3.3 STREET ADDRESS 365TH LETITIA LN
3.4 CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE D
NAME DECKER, BARBARA
STREET ADDRESS 6309 COACH HOUSE COURT
CITY-ST-ZIP TALLAHASSEE FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME TATE, DONNA
STREET ADDRESS 7150 OX BOW ROAD
CITY-ST-ZIP TALLAHASSEE FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

DALE CROFT

1/19/98

618-8838

CR2E037 (10/97)