FILE NOW: FILING FEE IS $61.25

741599

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 741599 (5)

1. Corporation Name
REFUGE HOUSE OF LEON COUNTY, INC.

Principal Place of Business	Mailing Address
P.O. BOX ~~4266~~ 20910 TALLAHASSEE FL ~~32315~~ 32316-0910	P.O. BOX ~~4266~~ 20910 TALLAHASSEE FL ~~32315-4266~~ 32316-0910

3. Date Incorporated or Qualified: 02/13/1978
3a. Date of Last Report: 05/23/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-1869324 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

OTTE, KELLY
5717 DOONESBURY WAY
TALLAHASSEE FL 32303

Address change Only

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.1 TITLE	PD	☒ DELETE	13.1 TITLE	P	☒ Change ☐ Addition
12.2 NAME	MAXWELL, SHARON		13.2 NAME	SHEILA MEEHAN	
12.3 STREET ADDRESS	602 INGLESIDE		13.3 STREET ADDRESS	315 S. Calhoun Street	
12.4 CITY-ST-ZIP	TALLAHASSEE FL 32303		13.4 CITY-ST-ZIP	Tallahassee, Florida 32301	
12.1 TITLE	VPD	☒ DELETE	13.1 TITLE	V	☒ Change ☐ Addition
12.2 NAME	MCMAHON, BILL		13.2 NAME	DENISE COTMAN-THOMAS	
12.3 STREET ADDRESS	2809 SHAMROCK NORTH		13.3 STREET ADDRESS	923 Old Bainbridge Road	
12.4 CITY-ST-ZIP	TALLAHASSEE FL		13.4 CITY-ST-ZIP	Tallahassee, Florida 32303	
12.1 TITLE	SD	☒ DELETE	13.1 TITLE	S	☒ Change ☐ Addition
12.2 NAME	MARONEY, DEBORAH		13.2 NAME	JAMA KINZER-MANNING	
12.3 STREET ADDRESS	7787 MCCLURE DR.		13.3 STREET ADDRESS	903 Indian Street	
12.4 CITY-ST-ZIP	TALLAHASSEE FL 32312		13.4 CITY-ST-ZIP	Havana, Florida 32333	
12.1 TITLE	TD	☒ DELETE	13.1 TITLE	T	☒ Change ☐ Addition
12.2 NAME	KELLEY, DIANE		13.2 NAME	YVONNE BERRY	
12.3 STREET ADDRESS	1338 TIMBERLANE RD.		13.3 STREET ADDRESS	2528 Marston Road	
12.4 CITY-ST-ZIP	TALLAHASSEE FL		13.4 CITY-ST-ZIP	Tallahassee, Florida 32312	
12.1 TITLE		☐ DELETE	13.1 TITLE		☐ Change ☐ Addition
12.2 NAME			13.2 NAME		
12.3 STREET ADDRESS			13.3 STREET ADDRESS		
12.4 CITY-ST-ZIP			13.4 CITY-ST-ZIP		
12.1 TITLE		☐ DELETE	13.1 TITLE		☐ Change ☐ Addition
12.2 NAME			13.2 NAME		
12.3 STREET ADDRESS			13.3 STREET ADDRESS		
12.4 CITY-ST-ZIP			13.4 CITY-ST-ZIP		

A. Allen 10/2/97

CR2E037 (9/96)

I do 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: Sheila Meehan 4/5/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sheila Meehan, President (904) 425-5126
Date Daytime Phone Number

0006656