FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 12:55

DOCUMENT # **741599** **(5)**

1. Corporation Name

REFUGE HOUSE OF LEON COUNTY, INC.

Principal Place of Business	Mailing Address
P.O. BOX 4356 TALLAHASSEE FL 32315	P.O. BOX 4356 TALLAHASSEE FL 32315

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/13/1978**
3a. Date of Last Report: **02/15/1994**
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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

ROSENTHAL , LYNN
RT. 35 BOX 1826
TALLAHASSEE FL 32310

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
(Type or Print Name of Registered Agent) (If Registered Agent is a corporation, signature required and mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	HASSLER, ROBIN D	12 NAME	
STREET ADDRESS	1713 KATHRYN AVE	13 STREET ADDRESS	
CITY ST ZIP	TALLAHASSEE FL	14 CITY ST ZIP	
TITLE	VD	21 TITLE	VP ☐ Change ☒ Addition
NAME	MAXWELL, SHARON	22 NAME	Bill McMahon D
STREET ADDRESS	602 INGLESIDE	23 STREET ADDRESS	2809 Shamrock North
CITY ST ZIP	TALLAHASSEE FL 32303	24 CITY ST ZIP	Tallahassee, Fl. 32308
TITLE	S	31 TITLE	Secretary ☐ Change ☒ Addition
NAME	MYERS, GAIL	32 NAME	Joyce Carbonell D
STREET ADDRESS	226 WHETHERBINE WAY W	33 STREET ADDRESS	3172-A Middlebrooks Cir
CITY ST ZIP	TALLAHASSEE FL	34 CITY ST ZIP	Tallahassee
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	KELLY, DIANE D	42 NAME	
STREET ADDRESS	1338 TIMBERLANE RD.	43 STREET ADDRESS	
CITY ST ZIP	TALLAHASSEE FL 32308	44 CITY ST ZIP	
TITLE	MD	51 TITLE	☐ Change ☐ Addition
NAME	ROSENTHAL, LYNN	52 NAME	
STREET ADDRESS	RT 35 BOX 1826	53 STREET ADDRESS	
CITY ST ZIP	TALLAHASSEE FL 32310	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: X _____ Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

4-24-95
Date

893-6565
Daytime Phone #

0027787