FILE NOW: FILING FEE IS $61.25

FILED
May 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

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 32315-4356

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

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
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

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	11 TITLE	P D	☒ Change ☐ Addition
NAME	MAXWELL, SHARON		12 NAME	SHEILA MEEHAN D	
STREET ADDRESS	602 INGLESIDE		13 STREET ADDRESS	315 S. Calhoun Street	
CITY-ST-ZIP	TALLAHASSEE FL 32303		14 CITY-ST-ZIP	Tallahassee, Florida 32301	
TITLE	VPD	☒ DELETE	21 TITLE	V D	☒ Change ☐ Addition
NAME	MCMAHON, BILL		22 NAME	DENISE COTMAN-THOMAS D	
STREET ADDRESS	2809 SHAMROCK NORTH		23 STREET ADDRESS	923 Old Bainbridge Road	
CITY-ST-ZIP	TALLAHASSEE FL		24 CITY-ST-ZIP	Tallahassee, Florida 32303	
TITLE	SD	☒ DELETE	31 TITLE	S D	☒ Change ☐ Addition
NAME	MARONEY, DEBORAH		32 NAME	JAMA KINZER-MANNING	
STREET ADDRESS	7787 MCCLURE DR.		33 STREET ADDRESS	903 Indian Street	
CITY-ST-ZIP	TALLAHASSEE FL 32312		34 CITY-ST-ZIP	Havana, Florida 32333	
TITLE	TD	☒ DELETE	41 TITLE	T D	☒ Change ☐ Addition
NAME	KELLEY, DIANE		42 NAME	YVONNE BERRY	
STREET ADDRESS	1338 TIMBERLANE RD.		43 STREET ADDRESS	2528 Marston Road	
CITY-ST-ZIP	TALLAHASSEE FL		44 CITY-ST-ZIP	Tallahassee, Florida 32312	
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E037 (9/96)

14. 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.

Sheila Meehan, President