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May 05 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 # **741599** (5)

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

Principal Place of Business	Mailing Address
P.O. BOX 2910 TALLAHASSEE FL 32316-0910	P.O. BOX 2910 TALLAHASSEE FL 32316-0910

3. Date Incorporated or Qualified: 02/13/1978

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

2. Principal Place of Business	2a. Mailing Address
21 P.O. Box 20910	26 P.O. Box 20910
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Tallahassee, Florida	28 Tallahassee, Florida
24 Zip 32316 / 25 Country Leon	29 Zip 32316 / 30 Country Leon

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 _____ 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		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	MAXWELL, SHARON		1.2 NAME	Denise Cotman-Thomas	
STREET ADDRESS	315 S CALHOUN STREET		1.3 STREET ADDRESS	3848 Lilly Lane	
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP	Tallahassee, Florida 32308	
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	COTMAN-THOMAS, DENISE		2.2 NAME	Kathy Daniels	
STREET ADDRESS	923 OLD BAINBRIDGE ROAD		2.3 STREET ADDRESS	4774 High Grove Road	
CITY-ST-ZIP	TALLAHASSEE FL		2.4 CITY-ST-ZIP	Tallahassee,Florida 32308	
TITLE	SD	☒ DELETE	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	KINZER-MANNING, JAMA		3.2 NAME	Jeanne Kimball	
STREET ADDRESS	903 INDIAN STREET		3.3 STREET ADDRESS	300 S. Adams Street-Human Res. Dept.	
CITY-ST-ZIP	HAVANA FL		3.4 CITY-ST-ZIP	Tallahasee,Florida 32301	
TITLE	TD	☒ DELETE	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	BERRY, YVONNE		4.2 NAME	Helen MacLeod-Brewer	
STREET ADDRESS	2528 MARSTON ROAD		4.3 STREET ADDRESS	10515 Winters Run	
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY-ST-ZIP	Talahassee, Florida 32312	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: ELECTRONICALLY SIGNED 4/21/98 850-922-6062
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0078858