

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **N27725** (3)

1. Corporation Name

**THE TALLAHASSEE-LEON SHELTER, INC.**



Principal Place of Business

Mailing Address

P. O. BOX 4062  
TALLAHASSEE FL 32303

P. O. BOX 4062  
TALLAHASSEE FL 32303

3. Date Incorporated or Qualified

**08/03/1988**

3a. Date of Last Report

**03/09/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

**59-2910293**

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

10. Name and Address of New Registered Agent

**BASILE, MICHAEL  
6119 OX BOTTOM MANOR DR  
TALLAHASSEE FL 32312**

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 re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **M**  
STREET ADDRESS **EBY, MEL**  
CITY-STATE-ZIP **8021 YELLOW MOON DRIVE**  
**TALLAHASSEE FL**

TITLE ☐ DELETE

NAME **DP**  
STREET ADDRESS **SHAEFFER, JANE**  
CITY-STATE-ZIP **2600 BANTRY BAY DR**  
**TALLAHASSEE FL**

TITLE ☐ DELETE

NAME **DV**  
STREET ADDRESS **BASILE, MICHAEL**  
CITY-STATE-ZIP **6119 OX BOTTOM ROAD**  
**TALLAHASSEE FL**

TITLE ☐ DELETE

NAME **D**  
STREET ADDRESS **MCGILL, BILL**  
CITY-STATE-ZIP **P.O. BOX 1775 N/A**  
**TALLAHASSEE FL**

TITLE ☒ DELETE

NAME **T**  
STREET ADDRESS **PARRY, MARNIE**  
CITY-STATE-ZIP **2815 KILKERANE DR**  
**TALLAHASSEE FL**

TITLE ☐ DELETE

NAME **DV**  
STREET ADDRESS **KOONTZ, CHRISTIE**  
CITY-STATE-ZIP **831 N FOREST**  
**TALLAHASSEE FL**

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE ☒ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE ☒ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE ☐ Change ☒ Addition

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

**T**  
**DEAN JUE**  
**3455 DORCHESTER CT**  
**TALLAHASSEE, FL 32312**

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/13/96**  
Date

**(904) 644-3410**  
Daytime Phone #

CR2E037 (12/95)