

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 24, 2007 8:00 am**  
**Secretary of State**

08-24-2007 90024 042 \*\*\*\*70.00

**DOCUMENT # N27725**

1. Entity Name  
THE TALLAHASSEE-LEON SHELTER, INC.



Principal Place of Business  
468-480 W. TENNESSEE STREET  
TALLAHASSEE, FL 32301

Mailing Address  
PO BOX 4062  
TALLAHASSEE, FL 32315 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address  
P.O. Box 4049

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08222007 Chg-NP CR2E037 (12/06)

City & State

City & State  
Tallahassee, FL

4. FEI Number  
59-2910293

Applied For  
Not Applicable

Zip

Country

Zip  
32315-4049

Country  
USA

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

6. Name and Address of Current Registered Agent

EBY, MEL  
468 WEST TENNESSEE ST.  
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE M ☐ Delete  
NAME EBY, MEL  
STREET ADDRESS 3076 GOVERNORS COURT DRIVE  
CITY-ST-ZIP TALLAHASSEE, FL 32315

TITLE M ☒ Change ☐ Addition  
NAME Eby, Mel  
STREET ADDRESS 468 W. Tennessee Street  
CITY-ST-ZIP Tallahassee, FL 32301

TITLE D ☐ Delete  
NAME SHAEFFER, JANE  
STREET ADDRESS 2600 BANTRY BAY DRIVE  
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE P ☒ Change ☐ Addition  
NAME Shaeffer, Jane  
STREET ADDRESS 2600 Bantry Bay Drive  
CITY-ST-ZIP Tallahassee, FL 32308

TITLE V ☐ Delete  
NAME KOONTZ, KRISTY  
STREET ADDRESS 2021 FOREST DRIVE  
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE V ☒ Change ☐ Addition  
NAME Koontz, Christie  
STREET ADDRESS 8866 Our Way  
CITY-ST-ZIP Tallahassee, FL 32309

TITLE D ☒ Delete  
NAME MCADA, DIANA  
STREET ADDRESS 1600 GREEN ST  
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE T ☐ Change ☒ Addition  
NAME Beck, Roger  
STREET ADDRESS 1914 Myrick Road  
CITY-ST-ZIP Tallahassee, FL 32303

TITLE P ☐ Delete  
NAME GRANT, SLAYDEN  
STREET ADDRESS 1188 PONDS POINT DR. E.  
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE D ☒ Change ☐ Addition  
NAME Slayden, Grant  
STREET ADDRESS 1188 Ronds Pointe Drive East  
CITY-ST-ZIP Tallahassee, FL 32312

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Change ☒ Addition  
NAME Dwyer, Fran  
STREET ADDRESS 2531 Stone House Court  
CITY-ST-ZIP Tallahassee, FL 32301

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Mel Eby*

*Aug 22 2007*