

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N27725

**Entity Name:** THE TALLAHASSEE-LEON SHELTER, INC.**Current Principal Place of Business:**468-480 W. TENNESSEE STREET  
TALLAHASSEE, FL 32301**Current Mailing Address:**PO BOX 4049  
TALLAHASSEE, FL 32315 US**FEI Number: 59-2910293****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**EBY, MEL  
468 WEST TENNESSEE ST.  
TALLAHASSEE, FL 32301 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name HOLT, DEBORAH  
Address 120 GLENHAVEN TERRACE  
City-State-Zip: TALLAHASSEE FL 32312

Title VP  
Name THARPE, PRISCILLA  
Address 2004 ELLICOTT DRIVE  
City-State-Zip: TALLAHASSEE FL 32308

Title VC  
Name THROM, DOUGLAS  
Address 800 W. VIRGINIA STREET  
City-State-Zip: TALLAHASSEE FL 32301

Title D  
Name SAFF, RON  
Address 7081 HEARTLAND CIRCLE  
City-State-Zip: TALLAHASSEE FL 32312

Title S  
Name SPIVEY, GWEN  
Address P.O. BOX 663  
City-State-Zip: TALLAHASSEE FL 32302

Title T  
Name WOFFORD, STEVE  
Address 4728 HIGH GROVE ROAD  
City-State-Zip: TALLAHASSEE FL 32309

Title D  
Name HOLSHOUSER, JR., HENRY  
Address 501 TRUETT DRIVE  
City-State-Zip: TALLAHASSEE FL 32303

Title D  
Name GILCHRIEST, JANICE  
Address P.O. BOX 528  
City-State-Zip: MIDWAY FL 32343

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: MEL EBY****EXECUTIVE DIRECTOR****01/25/2013**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title D  
Name KOONTZ, CHRISTIE  
Address 8788 MEGANS LANE  
City-State-Zip: TALLAHASSEE FL 32309

Title D  
Name ROGERS, LYNDON  
Address 2639 FAIRMOUNT LANE  
City-State-Zip: TALLAHASSEE FL 32308

Title EXECUTIVE DIRECTOR  
Name EBY, MEL  
Address P.O. BOX 4049  
City-State-Zip: TALLAHASSEE FL 32315-4049

Title D  
Name RABBY, GLENDA  
Address 2636 LUCERNE DRIVE  
City-State-Zip: TALLAHASSEE FL 32303

Title D  
Name MALONEY, DAVID  
Address 5102 CHINA BERRY LANE  
City-State-Zip: TALLAHASSEE FL 32311