

2014 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:** No**Name and Address of Current Registered Agent:**REITER, JACOB
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:** JACOB REITER

01/16/2014

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

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

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

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

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

Title D
Name BURNS, GLENN
Address PO BOX 10547
City-State-Zip: TALLAHASSEE FL 32302

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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: JACOB REITER**EXECUTIVE DIRECTOR**

01/16/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title D
Name GOMORY, TOMI
Address 3609 DONEGAL DRIVE
City-State-Zip: TALLAHASSEE FL 32309

Title D
Name LONG, VICKI
Address 2835 WHITTINGTON DRIVE
City-State-Zip: TALLAHASSEE FL 32309

Title D
Name WHITLOCK, CAMDEN
Address 206 W. VIRGINIA STREET
City-State-Zip: TALLAHASSEE FL 32301

Title D
Name LOBELLO, SHARON
Address 9370 BUCK HAVEN TRAIL
City-State-Zip: TALLAHASSEE FL 32312

Title D
Name SHEALY, DEENA
Address 4010 OLD BAINBRIDGE ROAD
City-State-Zip: TALLAHASSEE FL 32303

Title EXECUTIVE DIRECTOR
Name REITER, JACOB
Address PO BOX 4049
City-State-Zip: TALLAHASSEE FL 32315-4049