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**APPROVED
AND
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95 MAR -2 PM 2: 59

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 701197 (6)
1. Corporation Name
LEON ASSOCIATION FOR RETARDED CITIZENS, INC.

Principal Place of Business Mailing Address
1572 CAPITAL CIRCLE NW TALLAHASSEE FL 32303-3183 **1572 CAPITAL CIRCLE NW TALLAHASSEE FL 32303-3183**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/15/1960** 3a. Date of Last Report **01/26/1994**

4. FEI Number **59-0944330** 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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 1572 Capital Circle N.W. 26 1572 Capital Circle N.W.

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **27**

City & State City & State
23 Tallahassee, Florida 28 Tallahassee, Florida

Zip Country Zip Country
24 32303 25 Leon 29 32303 30 Leon

9. Name and Address of Current Registered Agent
**LINTON, DEBORAH J.
1572 CAPITAL CIR., N.W.
TALLAHASSEE FL 32304**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

Deborah J. Linton, Executive Director **2/17/95** **904-575-7521**

SIGNATURE DATE

12. OFFICERS AND DIRECTORS

| | |
|-----------------|----------------------------------|
| TITLE | ED |
| NAME | LINTON, DEBORAH J. |
| STREET ADDRESS | 1572 CAPITAL CIR., N.W. |
| CITY - ST - ZIP | TALLAHASSEE FL 32303-3183 |
| TITLE | VPD |
| NAME | DESLOGE, BRYAN |
| STREET ADDRESS | 3057 HAWKS GLEN |
| CITY - ST - ZIP | TALLAHASSEE FL |
| TITLE | PD |
| NAME | FERRIS, JANET |
| STREET ADDRESS | 525 BOBBIN BROOK LN |
| CITY - ST - ZIP | TALLAHASSEE FL |
| TITLE | S |
| NAME | ONDRUS, BILL |
| STREET ADDRESS | 7897 REYNOLDS DR |
| CITY - ST - ZIP | TALLAHASSEE FL |
| TITLE | S |
| NAME | MOOR, BILL |
| STREET ADDRESS | 217 N MONROE |
| CITY - ST - ZIP | TALLAHASSEE, FL 00000 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | PD Desloge, Bryan |
| 2.3 STREET ADDRESS | 3057 Hawks Glen |
| 2.4 CITY - ST - ZIP | Tallahassee, Florida 32303 |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | VPD Bill Moor |
| 3.3 STREET ADDRESS | 217 N. Monroe St. |
| 3.4 CITY - ST - ZIP | Tallahassee, Florida 32308 |
| 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | S Bill Ondrus |
| 4.3 STREET ADDRESS | 3421 Welwyn Way |
| 4.4 CITY - ST - ZIP | Tallahassee, Florida 32303 |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - ZIP | |

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 110.07(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: **Bryan Desloge, President Leon** **2/4/95** **904-575-7521**