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NONPROFIT FLORIDA DEPART CORPORATION Sandra B.					PAY REAL	•	• •
ANNUAL REPORT Secretary 1996 DIVISION OF CO			ary of Sta	ite	FILED	• ,	•
DOOL		DIVISION OF	CORPOR	RATIONS	96 OCT 21 PM 2: 0	5	
DOCUMENT # 701197 1. Corporation Name							
Leon Advocacy & Resource Center, Inc.					SECRETARY OF STATE TALLAHASSEE, FLORID	: A	
Tallahassee, Florida 32308 Mailing Address 1589 Metropolit Tallahassee, Florida 32308				Blvd. ida 32308	3 Data loomarated as Outline	20 0	
Principal Place of Business 2a. Mailing Address				=:	3. Date Incorporated or Qualified 07/15/1960	3a. Date of Last 02/24/19	
21 1589 Metropolitan Blvd. 26 1589 Metropol				ın Bl vd.	4. FEI Number Applied For 59–0944330 Not Applied be		
Suite, Apt. #, etc. Suite, Apt. #, etc. 22					5. Certificate of Status Desired X	X \$8.7	5 Additional Required
23 Tallah				1.	Election Campaign Financing Trust Fund Contribution	\$5.0	00 May Be
Zip 24 32308		Zip 29 32308	30 Le	intry On	This corporation has liability for inter Florida Statutes		
	9. Name and Address of Current			81 Name	10. Name and Address of New Regis		
Deborah J. Linton, Executive Director 1589 Metropolitan Blvd. Tallahassee, Florida 32308					ress (P.O. Box Number is Not Acceptable)		
				84 City		= 3 85 Zij	0-1-
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 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 familial with, and accept the obligations of, Section 617.0503, Florida Statutes.							p Code
or registe familia w	red agent, or both, in the State of Florida ith, and accept the obligations of, Secre-	Such change was authorized 617.0503, Florida Statutes.	by the c	corporation's boa	rd of directors. I hereby accept the appointn	nent as registered	agent. I am
SIGNATURE	Signature, typed or printed name in agreement agent an	Deborah J. Utile if applicable. (NOTE		On Execu Agent signature require	d when reinstating)	96 904-42	
TITLE	Executive Director	DELETE DELETE	13.	TLE T	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	
NAME	Deborah J. Linton			1.2 NAME		Crianiție	Addition 2
STREET ADDRESS	1000 metropolitan bivu.			1.3 STREET ADDRESS			
CITY-\$T-ZIP TITLE	Tallahassee, FL. 3 President / D	2308	1.4 CI	TY-ST-ZIP		☐ Change	Addition C
NAME	Bryan Desloge	_	2.2 NA			Change	Addition O
	3057 Hawks Glen			REET ADDRESS			i
STREET ADDRESS	JOST DAWKS GIED	00010	2.3 \$1	HEET AUUMESS			
STREET ADDRESS CITY-ST-ZIP TITLE	l ==	32312	2. 4 CI	TY-ST-ZIP			
CITY-ST-ZIP	Tallahassoc FL/D Vice President L/D William Moor	32312	2. 4 Ci	TY-ST-ZIP	00000100	Chánge	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	Vice President FL./ D William Moor 3640 Pine Tip Rd.		2. 4 CI 3.1 711 3.2 NA	TY-ST-ZIP	00000198 -10/28/96	37230 01048	
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 14. I do hereboertify that	Vice President FL/D William Moor 3640 Pine Tip Rd. Tallahassee, FL. Secretary /D William Ondrus 3421 Welwyn Way Tallahassee, FL. 3 Treasure / D Patricia MacDonald 2840 Shamrock S. Tallahassee, FL. 3 y certify that the information supplied with the information indicated on this annual am an officer or director of the corporation of the	DELETE 2308 DELETE DELETE this filing is voluntarily furnish eport or supplemental annual on or the receiver or trustee emanachment with an address	2. 4 CI 3.1 TIT 32 NA 33 STI 4.1 TIT 4.2 NA 4.3 STI 5.1 TIT 5.2 NA 5.3 STI 6.1 TIT 6.2 NA 6.3 STI 6.4 CIT ed and do report is mpowered.	TY-ST-ZIP LE AME REET ADDRESS TY-ST-ZIP LE MAE REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP REET ADDRESS Y	or the exemption stated in Section 119.07(3); e and that my signature shall have the same report as required by Chapter 617, Florida stated in Section 119.07(3).	Change Change Change	Addition Addition Addition