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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

96 OCT 21 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 701197
1. Corporation Name

Leon Advocacy & Resource Center, Inc.

Principal Place of Business
1589 Metropolitan Blvd.
Tallahassee, Florida
32308

Mailing Address
1589 Metropolitan Blvd.
Tallahassee, Florida
32308

3. Date Incorporated or Qualified
07/15/1960

3a. Date of Last Report
02/24/1995

2. Principal Place of Business
21 1589 Metropolitan Blvd.

2a. Mailing Address
26 1589 Metropolitan Blvd.

4. FEI Number
59-0944330

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

City & State
23 Tallahassee, FL.

City & State
28 Tallahassee, FL.

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

Zip
24 32308

Country
25 Leon

Zip
29 32308

Country
30 Leon

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ XXX

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Deborah J. Linton, Executive Director
1589 Metropolitan Blvd.
Tallahassee, Florida 32308

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Deborah J. Linton, Executive Director 5-23-96 904-422-0355
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Executive Director ☐ DELETE
Deborah J. Linton
1589 Metropolitan Blvd.
Tallahassee, FL. 32308

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President / D ☐ DELETE
Bryan Desloge
3057 Hawks Glen
Tallahassee, FL. 32312

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President / D ☐ DELETE
William Moor
3640 Pine Tip Rd.
Tallahassee, FL. 32308

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary / D ☐ DELETE
William Ondrus
3421 Welwyn Way
Tallahassee, FL. 32308

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Treasure / D ☐ DELETE
Patricia MacDonald
2840 Shamrock S.
Tallahassee, FL. 32308

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

6.1 TITLE

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 119.07(3)(4), 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 ARC 904-422-0355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (12/95)