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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 13 1997 8:00am

Secretary of State

(96/6)

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 701197

information indicated on this annual I am an officer or director of the cor appears in Block 12 or Block 13 if of

SIGNATURE:

(6)

LEON ADVOCACY AND RESOURCE CENTER, INCORPORATED

Mailing Address Principal Place of Business 1589 METROPOLITAN BLVD 1589 METROPOLITAN BLVD. TALLAHASSEE FL 32308-3776 TALLAHASSEE FL 32308 US 3. Date incorporated or Qualified 3a. Date of Last Report 07/15/1960 10/21/1996 2. Principal Place of Business Mailing Address 4. FEI Number Applied For 59-0944330 1589 Metropolitan Blvd6. Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired XXX Fee Required 22 City & State City & State Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 ²³†allahassee same Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes XXX Leon 29 30 same same 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name LINTON, DEBORAH J 82 Street Address (P.O. Box Number is Not Acceptable) 1589 METROPOLITAN BLVD. 83 TALLAHASSEE FL 32308 84 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. Deborah J, Linton, Executive Dir. SIGNATURE Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. Change Addition TITLE ED DELETE 1.1 TITLE NAME LINTON, DEBORAH J 1.2 NAME 1589 METROPOLITAN BLVD. 1.3 STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32308 1.4 CITY-ST-ZIP CITY-ST-ZIF DELETE **X** XChange Addition 2.1 TITLE TITLE DESLOGE, BRYAN 2.2 NAME NAME W111iam L. Moor Jr. 3057 HAWKS GLEN 2.3 STREET ADDRESS STREET ADDRESS 1301 Metropolitan Bl TALLAHASSEE 32 312 2.4 City-ST-ZIP DITY-ST-ZIP Tallahassee, DELETE Addition x XChange TITLE **VPD** 3.1 TITLE VPD MOOR, WILLIAM 3.2 NAME NAME Patricia McDonald 3640 PINE TIP RD. 3.3 STREET ADDRESS STREET ADDRESS 2840 Shamrock S. TALLAHASSEE FL 32308 3.4. CITY - ST - ZIP CITY-ST-ZIP Tallahassee, FL Addition DELETE 4.1 TITLE TITLE SD ONDRUS, WILLIAM 4. 2 NAME NAME Will Butler 3421 WELWYN WAY 4.3 STREET ADDRESS STREET ADDRESS 906 N. Monroe TALLAHASSEE FL 32308 4.4 CITY-ST-ZIP CITY-ST-ZIP Tallahassee, Addition DELETE 5.3 TITLE TITLE NAME MACDONALD, PATRICIA 5.2 NAME Bryan Desloge 2840 SHAMROCK S STREET ADDRESS **5.3 STREET ADDRESS** 1111 Doctors Dr. TALLAHASSEE FL 32308 5.4 CITY-ST-ZIP CITY-ST-ZIP ahassee, TITLE DELETE 6.1 TITLE Addition 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

Jung does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the stall annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that we for pustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name

EOURED William L. Moor Jr. Pres. 1 25 97