


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 23 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 701197 (6)</b> 1. Corporation Name <b>LEON ADVOCACY AND RESOURCE CENTER, INCORPORATED</b>					
Principal Place of Business <b>1589 METROPOLITAN BLVD. TALLAHASSEE FL 32308 US</b>		Mailing Address <b>1589 METROPOLITAN BLVD. TALLAHASSEE FL 32308 US</b>			
2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> <b>SAME</b> City & State <b>23</b> Zip <b>24</b> Country <b>25</b> <b>LEON</b>		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> <b>SAME</b> City & State <b>28</b> Zip <b>29</b> Country <b>30</b> <b>LEON</b>		3. Date Incorporated or Qualified <b>07/15/1960</b> 4. FEI Number <b>59-0944330</b> Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>LINTON, DEBORAH J 1589 METROPOLITAN BLVD. TALLAHASSEE FL 32308</b>				10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> 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 <i>Deborah J. Linton</i> <b>Deborah J. Linton, Executive Director</b> 1-12-98 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	ED	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LINTON, DEBORAH J		1.2 NAME		
STREET ADDRESS	1589 METROPOLITAN BLVD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32308		1.4 CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAM L. MOOR JR		2.2 NAME		
STREET ADDRESS	1301 METROPOLITAN BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE 32		2.4 CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PATRICIA MCDONALD		3.2 NAME		
STREET ADDRESS	2840 SHAMROCK S.		3.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		3.4 CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILL BUTLER		4.2 NAME		
STREET ADDRESS	906 N. MONROE		4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRYAN DESLOGE		5.2 NAME		
STREET ADDRESS	1111 DOCTORS DR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		



CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 recorder 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: *William L. Moor, Jr.* **William L. Moor, Jr. President** 1/5/98 (850) 671-0613