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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90164 021 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 701197

1. Corporation Name

LEON ADVOCACY AND RESOURCE CENTER, INCORPORATED

542967-90343-35

Principal Place of Business

 1589 METROPOLITAN BLVD.
 TALLAHASSEE FL 32308
 US

Mailing Address

 1589 METROPOLITAN BLVD.
 TALLAHASSEE FL 32308
 US


2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		2b		07/15/1960	
Suits, Apt. #, etc.		Suits, Apt. #, etc.		4. FEI Number	
22		27		59-0944330	
City & State		City & State		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Zip		Zip			
24		29		30	

8. Name and Address of Current Registered Agent

 LINTON, DEBORAH J
 1589 METROPOLITAN BLVD.
 TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name	Lewis O. Persons, Jr.
82 Street Address (P.O. Box Number is Not Acceptable)	1589 Metropolitan Blvd.
83	
84 City	Tallahassee
85 Zip Code	FL 32308

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ED ☐ DELETE	1.1 TITLE	ED ☒ Change ☐ Addition
NAME	LINTON, DEBORAH J	1.2 NAME	Lewis O. Persons, Jr.
STREET ADDRESS	1589 METROPOLITAN BLVD.	1.3 STREET ADDRESS	1589 Metropolitan Blvd
CITY-ST-ZIP	TALLAHASSEE FL 32308	1.4 CITY-ST-ZIP	Tallahassee, FL 32308
TITLE	PD ☐ DELETE	2.1 TITLE	PD ☒ Change ☐ Addition
NAME	WILLIAM L. MOOR JR	2.2 NAME	Sue Wise
STREET ADDRESS	1301 METROPOLITAN BLVD	2.3 STREET ADDRESS	115 W. Green Street
CITY-ST-ZIP	TALLAHASSEE 32	2.4 CITY-ST-ZIP	Perry, FL 32347
TITLE	VPD ☒ DELETE	3.1 TITLE	VP ☒ Change ☐ Addition
NAME	PATRICIA McDONALD	3.2 NAME	William L. Moor, Jr.
STREET ADDRESS	2840 SHAMROCK S.	3.3 STREET ADDRESS	1301 Metropolitan Blvd.
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	Tallahassee, FL 32308
TITLE	SD ☐ DELETE	4.1 TITLE	☐ Change ☐ 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 ☒ DELETE	5.1 TITLE	TD ☒ Change ☐ Addition
NAME	BRYAN DESLOGE	5.2 NAME	Ann Glass
STREET ADDRESS	1111 DOCTORS DR.	5.3 STREET ADDRESS	310 Blount St., Room 206
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP	Tallahassee, FL 32301
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 Lewis O. Persons, Jr. 4-22-99
 Date Daytime Phone #

CR2E037 (1/98)