

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 701197 1. Entity Name LEON ADVOCACY AND RESOURCE CENTER, INCORPORATED				 REINSTATEMENT 04	
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 Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		 07062004 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-0944330				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HALL, PHILLIP K 1589 METROPOLITAN BLVD. TALLAHASSEE, FL 32308				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED HALL, PHILLIP K 1589 METROPOLITAN BLVD. TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MENCHETTI, BRUCE PHD. 1589 METROPOLITAN BLVD TALLAHASSEE, FL 32308	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Doug Nichols 1589 Metropolitan Blvd. Tallahassee, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GLASS, ANNE 310 BLOUNT STREET, SUITE 215 TALLAHASSEE, FL 32301	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Richard Mashburn, Jr. 420 Gaither Dr Tallahassee, FL 32305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BULL, ROBERT 3135 CORRIE DRIVE TALLAHASSEE, FL 32308	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Rich Robeto 200 E. Gaines St Tallahassee, FL 32399
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOHRFELD, MARY 1004 ROSEMARY TERRACE TALLAHASSEE, FL 32304	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T David Kirk 1589 Metropolitan Blvd Tallahassee, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Phillip K. Hall, Executive Director 7/6/04 850-422-0355					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					