


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90308 004 ****70.00

DOCUMENT # 701197 1. Entity Name LEON ADVOCACY AND RESOURCE CENTER, INCORPORATED	
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Principal Place of Business 1589 METROPOLITAN BLVD. TALLAHASSEE, FL 32308 US	Mailing Address 1589 METROPOLITAN BLVD. TALLAHASSEE, FL 32308 US
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DO NOT WRITE IN THIS SPACE

01042005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-0944330	Applied For 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

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED HALL, PHILLIP K 1589 METROPOLITAN BLVD. TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NICHOLS, DOUG 1589 METROPOLITAN BLVD TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MASHBURN, RICHARD JR 420 GAITHER DR. TALLAHASSEE, FL 32305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROBLETO, RICH Betsy, John 200 E. GAINES ST. 7549 Cameo Drive TALLAHASSEE, FL 32309 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KIRK, DAVID 1589 METROPOLITAN BLVD. TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **4/1/05** **850-422-0355**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #