

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 701197**

1. Entity Name  
**LEON ADVOCACY AND RESOURCE CENTER,  
INCORPORATED**



Principal Place of Business  
**1589 METROPOLITAN BLVD.  
TALLAHASSEE, FL 32308 US**

Mailing Address  
**1589 METROPOLITAN BLVD.  
TALLAHASSEE, FL 32308 US**



02142006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-0944330**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**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 BETSY, JOHN 7544 CAMEO DRIVE TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KIRK, DAVID 1589 METROPOLITAN BLVD. TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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05/20/06-80020-020 70.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/06

850-422-0322