

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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



FILED

07 JUL 10 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Signature]



07092007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

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 September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

500106650295
07/24/07-01061--007 **70.00

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	

**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 persons empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/07

850-422-0355

Date

Daytime Phone #