

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701197

FILED  
Mar 05, 2009  
Secretary of State

**Entity Name:** LEON ADVOCACY AND RESOURCE CENTER, INCORPORATED

**Current Principal Place of Business:**

1949 COMMONWEALTH LANE  
TALLAHASSEE, FL 32303 US

**New Principal Place of Business:**

**Current Mailing Address:**

1949 COMMONWEALTH LANE  
TALLAHASSEE, FL 32303 US

**New Mailing Address:**

**FEI Number:** 59-0944330

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HALL, PHILLIP K  
1949 COMMONWEALTH LANE  
TALLAHASSEE, FL 32303 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: ED ( ) Delete  
Name: HALL, PHILLIP K  
Address: 1949 COMMONWEALTH LN  
City-St-Zip: TALLAHASSEE, FL 32303

Title: P ( ) Delete  
Name: NICHOLS, DOUG  
Address: 1949 COMMON WEALTH LN  
City-St-Zip: TALLAHASSEE, FL 32303

Title: V ( ) Delete  
Name: MASHBURN, RICHARD JR  
Address: 420 GAITHER DR.  
City-St-Zip: TALLAHASSEE, FL 32305

Title: S ( ) Delete  
Name: BETSY, JOHN  
Address: 7544 CAMEO DRIVE  
City-St-Zip: TALLAHASSEE, FL 32309

Title: T ( ) Delete  
Name: KIRK, DAVID  
Address: 1949 COMMON WEALTH LN  
City-St-Zip: TALLAHASSEE, FL 32303

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: LEATZOW, ALLISON  
Address: 508 COLLINSFORD ROAD  
City-St-Zip: TALLAHASSEE, FL 32309

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILLIP HALL

ED

03/05/2009

Electronic Signature of Signing Officer or Director

Date