# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 05, 2005**
**Secretary of State**

DOCUMENT# N00000008052

**Entity Name:** LEE'S PLACE, INC.

**Current Principal Place of Business:**

216 LAKE ELLA DRIVE
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

**Current Mailing Address:**

216 LAKE ELLA DRIVE
TALLAHASSEE, FL 32303

**New Mailing Address:**

**FEI Number: 59-3685124** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

RABALAIS, BRENDA
436 AUDUBON DR
TALLAHASSEE, FL 32312 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: | P | ( ) Delete |
| Name: | RABALAIS, BRENDA | |
| Address: | 436 AUBUBON DR | |
| City-St-Zip: | TALLAHASSEE, FL 32312 | |
| Title: | C | ( ) Delete |
| Name: | MALONEY, DAVID | |
| Address: | 2401 CHINABERRY LANE | |
| City-St-Zip: | TALLAHASSEE, FL 32311 | |
| Title: | D | ( ) Delete |
| Name: | ANN, EVANS | |
| Address: | 1560 HICKORY AVENUE | |
| City-St-Zip: | TALLAHASSEE, FL 32303 | |
| Title: | D | ( ) Delete |
| Name: | CHENEY, LISA | |
| Address: | PO BOX 1639 | |
| City-St-Zip: | TALLAHASSEE, FL 32302 | |
| Title: | D | ( ) Delete |
| Name: | SNYDER, KRISTEN | |
| Address: | 271 JOHN HANCOCK DRIVE | |
| City-St-Zip: | TALLAHASSEE, FL 32312 | |
| Title: | D | ( ) Delete |
| Name: | KENN, MARTIN | |
| Address: | 2326 HEATHROW DRIVE | |
| City-St-Zip: | TALLAHASSEE, FL 32312 | |

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BRENDA RABALAIS P 01/05/2005

Electronic Signature of Signing Officer or Director — Date