# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 15, 2009**
**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: D ( ) Delete
Name: RYALS, BARBIE
Address: 1719 OLD FORT DRIVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete
Name: MCBRIDE, GAIL
Address: 3146 FENWICK CT
City-St-Zip: TALLAHASSEE, FL 32309

Title: D ( ) Delete
Name: YELVERTON, TRAVIS
Address: 2836 SAW PALMETTO LANE
City-St-Zip: TALLAHASSEE, FL 32309

Title: D ( ) Delete
Name: HARRISON, CHRISTY
Address: 2690 S HANNON HILL DR
City-St-Zip: TALLAHASSEE, FL 32309

Title: C ( ) Delete
Name: FLETCHER, CRAIG
Address: 228 COE LANDING ROAD
City-St-Zip: TALLAHASSEE, FL 32310

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

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

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

Title: D (X) Change ( ) Addition
Name: NERONA-BALOG, KATHERINE
Address: 444 APPLEYARD DRIVE
City-St-Zip: TALLAHASSEE, FL 32304

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 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: BRENDA RABALAIS P 01/15/2009

Electronic Signature of Signing Officer or Director — Date