

APPROVED AND FILED  
5/2/2003-90140-019-\$61.25-\$61.25

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

03 MAY 22 AM 9:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11032782

**DOCUMENT # N0200008658**  
1. Entity Name  
**PSP OF LEON COUNTY, INC.**

Principal Place of Business: 1615 HOLTON ST, TALLAHASSEE, FL 32310  
Mailing Address: 1615 HOLTON ST, TALLAHASSEE, FL 32310

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Zip Country: Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number: **371452149** Applied For:  Not Applicable

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: **MARGRETT, ELLA L, 1615 HOLTON ST, TALLAHASSEE, FL 32310**

7. Name and Address of New Registered Agent: Name, Street Address (P.O. Box Number is Not Acceptable), City, FL, Zip Code

8. The above named entry 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: \_\_\_\_\_ DATE: \_\_\_\_\_

9. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

Make Check Payable to: Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: <b>President</b> NAME: <b>Adierne Riggins (D)</b> STREET ADDRESS: <b>309 E. Magnolia Dr.</b> CITY-ST-ZIP: <b>Tallahassee, FL 32301</b>	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>Secretary</b> NAME: <b>Cheryl Williams (D)</b> STREET ADDRESS: <b>1007 Raymond-Tucker Rd</b> CITY-ST-ZIP: <b>Tallahassee FL 32304</b>	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>Financial Secretary</b> NAME: <b>Letisha Bivins (D)</b> STREET ADDRESS: <b>8665 Wide Rd</b> CITY-ST-ZIP: <b>Tallahassee, FL 32305</b>	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: **Letisha Bivins** Date: **5-1-03** Day's Prior: **250-228-3094**

0305037 (10/02)