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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 AM 9:08

DOCUMENT # N27725 (3)

1. Corporation Name
THE TALLAHASSEE-LEON SHELTER, INC.

Principal Place of Business	Mailing Address
P. O. BOX 4062 TALLAHASSEE FL 32303	P. O. BOX 4062 TALLAHASSEE FL 32303

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/03/1988
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2910293 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

BASILE, MICHAEL
6119 OX BOTTOM MANOR DR
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	M	1.1 TITLE		☐ Change ☐ Addition
NAME	EBY, MEL	1.2 NAME		
STREET ADDRESS	8021 YELLOW MOON DRIVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP		
TITLE	DP	2.1 TITLE		☐ Change ☐ Addition
NAME	SHAEFFER, JANE	2.2 NAME		
STREET ADDRESS	2600 BANTRY BAY DR	2.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP		
TITLE	T	3.1 TITLE	DV	☒ Change ☐ Addition
NAME	BASILE, MICHAEL	3.2 NAME	BASILE, MICHAEL	
STREET ADDRESS	6119 OX BOTTOM ROAD	3.3 STREET ADDRESS	6119 OX BOTTOM ROAD	
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	TALLAHASSEE, FL 32312	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	MCGILL, BILL	4.2 NAME		
STREET ADDRESS	P.O. BOX 1775 N/A	4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE	T	☐ Change ☒ Addition
NAME		5.2 NAME	PARRY, MARNIE	
STREET ADDRESS		5.3 STREET ADDRESS	2815 KILKERANE DR	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE		6.1 TITLE	DV	☐ Change ☒ Addition
NAME		6.2 NAME	KOONTZ, CHRISTIE	
STREET ADDRESS		6.3 STREET ADDRESS	831 N.FOREST	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	TALLAHASSEE, FL 32303	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: M L Eby MEL EBY 03-03-95 (904) 224-9055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0037741

13. ADDITIONS TO OFFICERS AND DIRECTORS IN 12

7.1	TITLE	DS
7.2	NAME	SULLIVAN, SUSAN
7.3	STREET ADDRESS	1350 CHOUTEAU AVE
7.4	CITY - ST - ZIP	TALLAHASSEE, FL 32303
8.1	TITLE	D
8.2	NAME	BAKER, THELMA
8.3	STREET ADDRESS	4436 MEANDERING WAY, #209AG
8.4	CITY - ST - ZIP	TALLAHASSEE, FL 32308
9.1	TITLE	D
9.2	NAME	KICKLITER, RAY
9.3	STREET ADDRESS	821 CHERRY ST
9.4	CITY - ST - ZIP	TALLAHASSEE, FL 32303
10.1	TITLE	D
10.2	NAME	MARVIN, JOHN
10.3	STREET ADDRESS	727 STONEHOUSE RD
10.4	CITY - ST - ZIP	TALLAHASSEE, FL 32301
11.1	TITLE	D
11.2	NAME	MELLOWE, GREG
11.3	STREET ADDRESS	331-6 PENNELL CIRCLE
11.4	CITY - ST - ZIP	TALLAHASSEE, FL 32310
12.1	TITLE	D
12.2	NAME	MAYO, JOHN
12.3	STREET ADDRESS	2905 WOODSIDE DR
12.4	CITY - ST - ZIP	TALLAHASSEE, FL 32312
13.1	TITLE	D
13.2	NAME	POTTER, TOM
13.3	STREET ADDRESS	3609 ECHO POINT LANE
13.4	CITY - ST - ZIP	TALLAHASSEE, FL 32310
14.1	TITLE	D
14.2	NAME	POTTER, ABBY
14.3	STREET ADDRESS	3609 ECHO POINT LANE
14.4	CITY - ST - ZIP	TALLAHASSEE, FL 32310

15.1	TITLE	D
15.2	NAME	RALSTON, PENNY
15.3	STREET ADDRESS	1920 CHAPSWORTH WAY
15.4	CITY - ST - ZIP	TALLAHASSEE, FL 32308
16.1	TITLE	D
16.2	NAME	ROBERTS, ELAINE
16.3	STREET ADDRESS	837 E. PARK AVE
16.4	CITY - ST - ZIP	TALLAHASSEE, FL 32301
17.1	TITLE	D
17.2	NAME	SULLIVAN, JOSEPH
17.3	STREET ADDRESS	1350 CHOUTEAU AVE
17.4	CITY - ST - ZIP	TALLAHASSEE, FL 32303
18.1	TITLE	D
18.2	NAME	WOODALL, KAREN
18.3	STREET ADDRESS	572 E. CALL ST
18.4	CITY - ST - ZIP	TALLAHASSEE, FL 32301
19.1	TITLE	D
19.2	NAME	HARRIS, FRANCIS
19.3	STREET ADDRESS	581 MICCOSUKEE RD
19.4	CITY - ST - ZIP	TALLAHASSEE, FL 32308
20.1	TITLE	D
20.2	NAME	WHITAKER, HEATHER
20.3	STREET ADDRESS	1310 HANCOCK ST
20.4	CITY - ST - ZIP	TALLAHASSEE, FL 32304
21.1	TITLE	D
21.2	NAME	PERKO, GARY
21.3	STREET ADDRESS	4072 YARDLEY CIRCLE
21.4	CITY - ST - ZIP	TALLAHASSEE, FL 32308