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FILED

Mar 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N27725 (3)

1. Corporation Name

THE TALLAHASSEE-LEON SHELTER, INC.



Principal Place of Business

Mailing Address

P. O. BOX 4062
TALLAHASSEE FL 32303P. O. BOX 4062
TALLAHASSEE FL 32315-4062

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

3. Date Incorporated or Qualified

08/03/1988

3a. Date of Last Report

02/16/1996

4. FEI Number

59-2910293

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BASILE, MICHAEL
6119 OX BOTTOM MANOR DR
TALLAHASSEE FL 32312

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE M ☐ DELETE
NAME EBY, MEL
STREET ADDRESS 8021 YELLOW MOON DRIVE P.O. BOX 4062
CITY - ST - ZIP TALLAHASSEE FL 323151.1 TITLE M ☒ Change ☐ Addition
1.2 NAME EBY, MEL
1.3 STREET ADDRESS 3076 GOVERNORS COURT DRIVE
1.4 CITY - ST - ZIP TALLAHASSEE, FL 32301TITLE D ☒ DELETE
NAME SHAEFFER, JANE
STREET ADDRESS 2600 BANTRY BAY DR
CITY - ST - ZIP TALLAHASSEE FL2.1 TITLE DP ☐ Change ☒ Addition
2.2 NAME PERKO, GARY
2.3 STREET ADDRESS 4072 YARDLEY CIRCLE
2.4 CITY - ST - ZIP TALLAHASSEE, FL 32308TITLE DV ☐ DELETE
NAME BASILE, MICHAEL
STREET ADDRESS 6119 OX BOTTOM ROAD
CITY - ST - ZIP TALLAHASSEE FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIPTITLE P ☒ DELETE
NAME MCGILL, BILL
STREET ADDRESS P.O. BOX 1775 N/A
CITY - ST - ZIP TALLAHASSEE FL4.1 TITLE D ☒ Change ☐ Addition
4.2 NAME MCGILL, BILL
4.3 STREET ADDRESS P.O. BOX 1775 N/A
4.4 CITY - ST - ZIP TALLAHASSEE, FLTITLE T ☐ DELETE
NAME DEAN JUE
STREET ADDRESS 3455 DORCHESTER CT
CITY - ST - ZIP TALLAHASSEE FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE DV ☒ DELETE
NAME KOONTZ, CHRISTIE
STREET ADDRESS 831 N FOREST
CITY - ST - ZIP TALLAHASSEE FL6.1 TITLE D S ☐ Change ☒ Addition
6.2 NAME HEATHER WHITAKER
6.3 STREET ADDRESS 1533 PROCTOR ST.
6.4 CITY - ST - ZIP TALLAHASSEE, FL 32303

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEAN JUE

Date

2/11/97

Daytime Phone # 644-3410

CR2E037 (9/96)