

FILE NOW: FILING FEE IS \$61.25

FILED  
May 08 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N27725** (3)

1. Corporation Name

**THE TALLAHASSEE-LEON SHELTER, INC.**



Principal Place of Business <b>P. O. BOX 4062 TALLAHASSEE FL 32303</b>	Mailing Address <b>P. O. BOX 4062 TALLAHASSEE FL 32303</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified <b>08/03/1988</b>
4. FEI Number <b>59-2910293</b>
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>BASILE, MICHAEL 6119 OX BOTTOM MANOR DR TALLAHASSEE FL 32312</b>
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 *Michael Basile* **MICHAEL BASILE, DIRECTOR MARCH 24, 1998**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>EBY, MEL</b>
STREET ADDRESS	<b>3076 GOVERNORS COURT DRIVE</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>PERKO, GARY</b>
STREET ADDRESS	<b>4072 YARDLEY CIRCLE</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>BASILE, MICHAEL</b>
STREET ADDRESS	<b>6119 OX BOTTOM ROAD</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>MCGILL, BILL</b>
STREET ADDRESS	<b>P.O. BOX 1775 N/A</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>DEAN JUE</b>
STREET ADDRESS	<b>3455 DORCHESTER CT</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>WHITAKER, HEATHER</b>
STREET ADDRESS	<b>1533 PROCTOR ST</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>EBY, MEL</b>
1.3 STREET ADDRESS	<b>3076 GOVERNORS COURT DRIVE</b>
1.4 CITY-ST-ZIP	<b>TALLAHASSEE FL 32315</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>PERKO, GARY</b>
2.3 STREET ADDRESS	<b>4072 YARDLEY CIRCLE</b>
2.4 CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>BASILE, MICHAEL</b>
3.3 STREET ADDRESS	<b>6119 OX BOTTOM ROAD</b>
3.4 CITY-ST-ZIP	<b>TALLAHASSEE FL 32312</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>QBRZOT, JOHN</b>
4.3 STREET ADDRESS	<b>2028 FOREST GLEN COURT</b>
4.4 CITY-ST-ZIP	<b>TALLAHASSEE FL 32303</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>SCOTT, ELTON</b>
5.3 STREET ADDRESS	<b>1201 LEEWOOD HOLLOW</b>
5.4 CITY-ST-ZIP	<b>TALLAHASSEE FL 32312</b>
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>PETER STONE</b>
6.3 STREET ADDRESS	<b>1048 ROWELL DRIVE</b>
6.4 CITY-ST-ZIP	<b>TALLAHASSEE FL 32301</b>

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 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: *Mel Eby* **MEL EBY** **MARCH 24, 1998 (850) 224-9055**

CR2E037 (1097)