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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N27725

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

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

Mailing Address
P. O. BOX 4062
TALLAHASSEE FL 32315
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/03/1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2910293	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		32315-4062	
Country		Country		Country	
25		30			

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)			
				2600 Bantry Bay Drive			
				83			
				84 City			
				TALLAHASSEE			
				FL			
				85 Zip Code			
				32308			

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 *Jane Shaeffer* **JANE SHAEFFER** **3-23-99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE <input type="checkbox"/> DELETE NAME EBY, MEL STREET ADDRESS 3076 GOVERNORS COURT DRIVE CITY-ST-ZIP TALLAHASSEE FL 32315				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME PERKO, GARY STREET ADDRESS 4072 YARDLEY CIRCLE CITY-ST-ZIP TALLAHASSEE FL 32308				2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME McGILL, WILLIAM 2.3 STREET ADDRESS PO BOX 98 2.4 CITY-ST-ZIP MIDWAY, FL. 32343			
TITLE <input type="checkbox"/> DELETE NAME BASILE, MICHAEL STREET ADDRESS 6119 OX BOTTOM ROAD CITY-ST-ZIP TALLAHASSEE FL				3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME SHAEFFER, JANE 3.3 STREET ADDRESS 2600 BANTRY BAY DRIVE 3.4 CITY-ST-ZIP TALLAHASSEE, FL. 32308			
TITLE <input type="checkbox"/> DELETE NAME OBRZUT, JOHN STREET ADDRESS 2028 FOREST GLEN CT CITY-ST-ZIP TALLAHASSEE FL 32303				4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME OBRZUT, JOHN 4.3 STREET ADDRESS 2028 FOREST GLEN COURT 4.4 CITY-ST-ZIP TALLAHASSEE, FL. 32303			
TITLE <input type="checkbox"/> DELETE NAME SCOTT, LEON STREET ADDRESS 1201 LEEWOOD HOLLOW CITY-ST-ZIP TALLAHASSEE FL 32312				5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME SCOTT, ELTON 5.3 STREET ADDRESS 1201 LEEWOOD DRIVE 5.4 CITY-ST-ZIP TALLAHASSEE, FL. 32312			
TITLE <input type="checkbox"/> DELETE NAME STONE, PETER STREET ADDRESS 1043 ROWELL DR CITY-ST-ZIP TALLAHASSEE FL 32301				6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6.2 NAME SCHEINER, MIKE 6.3 STREET ADDRESS 6443 FORWARD PASS TRAIL 6.4 CITY-ST-ZIP TALLAHASSEE, FL. 32308			

14. 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, with all other like empowered.

SIGNATURE: *Mel Eby* **MEL EBY** **3-15-99** **(850) 224-9055**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)