

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2004 8:00 am
Secretary of State

07-29-2004 90142 001 *****61.25
07-29-2004 90142 002 *****8.25

DOCUMENT # N27725

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



Principal Place of Business
**468-480 W. TENNESSEE STREET
TALLAHASSEE, FL 32301**

Mailing Address
**PO BOX 4062
TALLAHASSEE, FL 32315 US**

66430960



2. Principal Place of Business
Same as above

3. Mailing Address
Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07152004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2910293

Applied For
Not Applicable

Zip

Country
USA

Zip

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EBY, MEL
468 WEST TENNESSEE ST.
TALLAHASSEE, FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

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

TITLE **M** ☐ Delete
NAME **EBY, MEL**
STREET ADDRESS **3076 GOVERNORS COURT DRIVE**
CITY-ST-ZIP **TALLAHASSEE, FL 32315**

TITLE **Director** ☐ Delete
NAME **SHAEFFER, JANE**
STREET ADDRESS **2600 BANTRY BAY DRIVE**
CITY-ST-ZIP **TALLAHASSEE, FL 32308**

TITLE **DP** ☒ Delete
NAME **ROBINSON, DEBORAH K**
STREET ADDRESS **3208 TRITON CIRCLE**
CITY-ST-ZIP **TALLAHASSEE, FL 32301**

TITLE **D** ☒ Delete
NAME **BRAZZEL, JOHN**
STREET ADDRESS **1652 SNOWBALL WAY**
CITY-ST-ZIP **TALLAHASSEE, FL 32301**

TITLE **DV** ☒ Delete
NAME **PIETRODANGELO, DANNY**
STREET ADDRESS **406 TIMBERLANE ROAD**
CITY-ST-ZIP **TALLAHASSEE, FL 32312**

TITLE **Grant Slayden KP.** ☐ Delete **add**
NAME **1188 Bonds Pointe Dr. E.**
STREET ADDRESS **Tallahassee FL 32312**
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Meghan Wozniak Treasurer** ☐ Change ☒ Addition
NAME **9601-89 Miccosukee Rd.**
STREET ADDRESS **Tallahassee, FL 32309**
CITY-ST-ZIP

TITLE **Christie Koontz Director** ☐ Change ☒ Addition
NAME **2021 Forest Drive**
STREET ADDRESS **Tallahassee FL 32303**
CITY-ST-ZIP

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Diana McAda**
STREET ADDRESS **1600 Green St**
CITY-ST-ZIP **Tallahassee FL 32303**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mel Eby (Exec Director)

July 24 2004

850 224 9055

Date

Daytime Phone #