FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 27 PM 2:47
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # N94000006087 (0)

1. Corporation Name

LEON COUNTY AREA COMMUNITY DEVELOPMENT CORPORATI ON

Principal Place of Business	Mailing Address
P.O. BOX 5892 TALLAHASSEE FL 32314	P.O. BOX 5892 TALLAHASSEE FL 32314

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/13/1994
3a. Date of Last Report:
4. FEI Number: ☑ Applied For ☐ Not Applicable

2. Principal Place of Business
21 ___
Suite, Apt. #, etc.
22 ___
City & State
23 ___
Zip 24 ___ Country 25 ___

2a. Mailing Address
26 ___
Suite, Apt. #, etc.
27 ___
City & State
28 ___
Zip 29 ___ Country 30 ___

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
OCHSHORN, BENJAMIN 511 BEVERLY STREET TALLAHASSEE FL 32301	81 Name: Ochshorn, Benjamin 82 Street Address (P.O. Box Number is Not Acceptable): 2121 Delta Boulevard 83 84 City: Tallahassee FL 85 Zip Code: 32303

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 ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	BARNES, WILSON E	12 NAME	100001469921
STREET ADDRESS	2102 SETTING SUN TRAIL	13 STREET ADDRESS	-05/01/95--01084--009
CITY, ST, ZIP	TALLAHASSEE FL	14 CITY, ST, ZIP	*****61.25 *****61.25
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	EVANS, CHARLES	22 NAME	
STREET ADDRESS	851 CIRCLE DRIVE	23 STREET ADDRESS	
CITY, ST, ZIP	TALLAHASSEE FL	24 CITY, ST, ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	MCKINNEY, WILLIE J	32 NAME	
STREET ADDRESS	3240 SPRINGDALE DRIVE	33 STREET ADDRESS	
CITY, ST, ZIP	TALLAHASSEE FL	34 CITY, ST, ZIP	
TITLE	~~D~~	41 TITLE	Ed Tolliver ☑ Change ☐ Addition
NAME	~~MACK, MARTHA~~	42 NAME	1173 Seminole Dr.
STREET ADDRESS	~~710 STAFFORD STREET~~	43 STREET ADDRESS	Tallahassee, FL 32301
CITY, ST, ZIP	~~TALLAHASSEE FL~~	44 CITY, ST, ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	SIMMONS, ALBERTA	52 NAME	
STREET ADDRESS	1277 E. ORANGE AVENUE	53 STREET ADDRESS	
CITY, ST, ZIP	TALLAHASSEE	54 CITY, ST, ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

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: [signature] Ed Tolliver, President 4-26-95 904/487-9957
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0027074