

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701197

Entity Name: LEON ADVOCACY AND RESOURCE CENTER, INCORPORATED**Current Principal Place of Business:**1949 COMMONWEALTH LANE
TALLAHASSEE, FL 32303**Current Mailing Address:**1949 COMMONWEALTH LANE
TALLAHASSEE, FL 32303 US**FEI Number:** 59-0944330**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HALL, PHILLIP K
1949 COMMONWEALTH LANE
TALLAHASSEE, FL 32303 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	ED, CEO
Name	HALL, PHILLIP K
Address	1949 COMMONWEALTH LN
City-State-Zip:	TALLAHASSEE FL 32303

Title	V
Name	LEATZOW, ALLISON
Address	508 COLLINSFORD ROAD
City-State-Zip:	TALLAHASSEE FL 32301

Title	T
Name	KIRK, DAVID
Address	9128 COPPERFAIR LANE
City-State-Zip:	TALLAHASSEE FL 32317

Title	P
Name	TREJO, ANGEL
Address	6519 CEDAR CHASE WAY
City-State-Zip:	TALLAHASSEE FL 32311

Title	S
Name	GREEN, SWANZETTA
Address	856 MEDICAL COMMONS CT
City-State-Zip:	TALLAHASSEE FL 32310

Title	IMMEDIATE PAST PRESIDENT
Name	NICHOLS, DOUG
Address	4108 TAM O'SHANter
City-State-Zip:	TALLAHASSEE FL 32309

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PHILLIP HALL**MR****01/08/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date