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Mar 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 711555 (3)

1. Corporation Name
CENTRAL FLORIDA LEGAL SERVICES, INC.



Principal Place of Business Mailing Address
308 S DR MARTIN LUTHER KING BLVD DAYTONA BEACH FL 32114-1872
308 S DR MARTIN LUTHER KING BLVD DAYTONA BEACH FL 32114

3. Date Incorporated or Qualified 09/29/1966
3a. Date of Last Report 02/05/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 128 A Orange Avenue 27 128 A Orange Avenue
23 City & State 28 City & State
24 Zip 25 Country 29 Zip 30 Country
32114-4310 32114-4310

4. FEI Number 59-1156260 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
ELLIOTT, PHILIP H, JR
150 MAGNOLIA AVE.
DAYTONA BEACH FL 32115

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS
TITLE DELETE
NAME D TOWNSEND, WILLIAM
STREET ADDRESS 613 ST JOHNS AVE
CITY-ST-ZIP PALATKA FL
TITLE DELETE
NAME ED ABBUEHL, WILLIAM H.
STREET ADDRESS 308 S DR MARTIN LUTHER KING
CITY-ST-ZIP DAYTONA BEACH FL
TITLE DELETE
NAME WOLFE, CLYDE
STREET ADDRESS 1797 OLD MOULTRIE RD
CITY-ST-ZIP ST AUGUSTINE FL
TITLE DELETE
NAME S KELLEY, BETTYE
STREET ADDRESS 618 BLAKE AVE
CITY-ST-ZIP COCOA FL
TITLE DELETE
NAME VP MCINTOSH, DONNA
STREET ADDRESS P O BOX 1330 NA
CITY-ST-ZIP SANFORD FL
TITLE DELETE
NAME D PONDER, STEVE
STREET ADDRESS 114 S PALMETTO AVE
CITY-ST-ZIP DAYTONA BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Executive Director Change Addition
2.2 NAME William H. Abbuehl
2.3 STREET ADDRESS 128 A Orange Avenue
2.4 CITY-ST-ZIP Daytona Beach FL 32114 D
3.1 TITLE Director Change Addition
3.2 NAME Clyde Wolfe
3.3 STREET ADDRESS 1797 Old Moultrie Rd.
3.4 CITY-ST-ZIP St. Augustine FL 32085 D
4.1 TITLE Secretary Change Addition
4.2 NAME Daisy Henry
4.3 STREET ADDRESS P.O. Box 461 N/A
4.4 CITY-ST-ZIP Bunnell FL 32110 D
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE President Change Addition
6.2 NAME Stephen Ponder
6.3 STREET ADDRESS 114 S. Palmetto Ave.
6.4 CITY-ST-ZIP Daytona Beach FL 32114 D

14. I do 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: _____ Executive Director 1/17/97 904-255-6573
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # 0077276

CR2E037 (9/96)