

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 17 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 711555 (3)**  
1. Corporation Name  
**CENTRAL FLORIDA LEGAL SERVICES, INC.**



Principal Place of Business <b>128-A ORANGE AVENUE DAYTONA BEACH FL 32114-4310 US</b>	Mailing Address <b>308 S DR MARTIN LUTHER KING BLVD DAYTONA BEACH FL 32114-1872</b>
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3. Date Incorporated or Qualified <b>09/29/1966</b>
4. FEI Number <b>59-1156260</b>
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26 128 Orange Avenue</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27 A</b>
City & State <b>23</b>	City & State <b>28 Daytona Beach FL</b>
Zip <b>24</b>	Zip <b>29 32114</b>
Country <b>25</b>	Country <b>30</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<b>TOWNSEND, WILLIAM</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>613 ST JOHNS AVE</b>	1.2 NAME	
STREET ADDRESS	<b>PALATKA FL</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE <b>ED</b>	<b>ABBYEHL, WILLIAM H</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>128-A ORANGE AVENUE</b>	2.2 NAME	<b>Abbyehl, William H.</b>
STREET ADDRESS	<b>DAYTONA BEACH FL</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE <b>D</b>	<b>WOLFE, CLYDE</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1797 OLD MOULTRIE RD</b>	3.2 NAME	
STREET ADDRESS	<b>ST AUGUSTINE FL</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE <b>SD</b>	<b>HENRY, DAISY</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P.O. BOX 461 N/A</b>	4.2 NAME	
STREET ADDRESS	<b>BUNNELL FL</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <b>VP</b>	<b>MCINTOSH, DONNA</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P O BOX 1330 NA</b>	5.2 NAME	
STREET ADDRESS	<b>SANFORD FL</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <b>PO</b>	<b>PONDER, STEPHEN</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>114 S. PALMETTO AVE</b>	6.2 NAME	
STREET ADDRESS	<b>DAYTONA BEACH FL</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, on an attachment with an address \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: **2/9/98** **904-255-6573**

CR2E037 (10/97)