

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 128-A ORANGE AVENUE DAYTONA BEACH FL 32114-4310 US	Mailing Address 308 S DR MARTIN LUTHER KING BLVD DAYTONA BEACH FL 32114-1872
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3. Date Incorporated or Qualified 09/29/1966	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number 59-1156260		

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	22. Mailing Address Suite, Apt. #, etc. City & State Zip Country
128 Orange Avenue	128 Orange Avenue
Daytona Beach FL	Daytona Beach FL
32114	32114

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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