


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90098 023 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 711555**

1. Corporation Name  
**CENTRAL FLORIDA LEGAL SERVICES, INC.**

Principal Place of Business 128-A ORANGE AVENUE DAYTONA BEACH FL 32114-4310 US	Mailing Address 128 ORANGE AVE #A DAYTONA BEACH FL 32114 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26 <b>128 ORANGE AVE</b>	<b>09/29/1966</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27 <b>A</b>	<b>59-1156260</b>
City & State	City & State	Applied For
23	28 <b>DAYTONA BEACH, FL</b>	<input type="checkbox"/> Not Applicable
Zip	Zip	5. Certificate of Status Desired <input type="checkbox"/>
24	29 <b>32114</b>	<b>\$8.75</b> Additional Fee Required
Country	Country	6. Election Campaign Financing <input type="checkbox"/>
25	30	<b>\$5.00</b> May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ELLIOTT, PHILIP H, JR. 150 MAGNOLIA AVE. DAYTONA BEACH FL 32115	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City <b>FL</b> 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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D TOWNSEND, WILLIAM</b>	1.2 NAME	
STREET ADDRESS	<b>613 ST JOHNS AVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALATKA FL</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ED ABBUEHL, WILLIAM H</b>	2.2 NAME	
STREET ADDRESS	<b>128-A ORANGE AVENUE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D WOLFE, CLYDE</b>	3.2 NAME	
STREET ADDRESS	<b>1797 OLD MOULTRIE RD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST AUGUSTINE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SD HENRY, DAISY</b>	4.2 NAME	<b>VP</b>
STREET ADDRESS	<b>P.O. BOX 461 N/A</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BUNNELL FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>VP MCINTOSH, DONNA</b>	5.2 NAME	<b>SD JUDY STEVENS - Single</b>
STREET ADDRESS	<b>P O BOX 1330 NA</b>	5.3 STREET ADDRESS	<b>30 N. GROVE ST., STE B</b>
CITY-ST-ZIP	<b>SANFORD FL</b>	5.4 CITY-ST-ZIP	<b>MERRITT ISLAND FL 32953</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PD PONDER, STEPHEN</b>	6.2 NAME	
STREET ADDRESS	<b>114 S. PALMETTO AVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>	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 149.07(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, for on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E037 (11/98)