

FILE NOW: FILING FEE IS \$61.25

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Mar 22, 1999 8:00 am
Secretary of State

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

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris 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	26 128 ORANGE AVE	09/29/1966
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27 A	59-1156260
City & State	City & State	Applied For
23	28 DAYTONA BEACH, FL	<input type="checkbox"/> Not Applicable
Zip	Zip	5. Certificate of Status Desired <input type="checkbox"/>
24	29 32114	<input type="checkbox"/> \$8.75 Additional Fee Required
Country	Country	6. Election Campaign Financing <input type="checkbox"/>
25	30	<input type="checkbox"/> \$5.00 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 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 _____ 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	D 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	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ED ABBUEHL, WILLIAM H	2.2 NAME	
STREET ADDRESS	128-A ORANGE AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D 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	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD HENRY, DAISY	4.2 NAME	VP
STREET ADDRESS	P.O. BOX 461 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	BUNNELL FL	4.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VP MCINTOSH, DONNA	5.2 NAME	SD JUDY STEVENS - Single
STREET ADDRESS	P O BOX 1330 NA	5.3 STREET ADDRESS	30 N. GROVE ST., STE B
CITY-ST-ZIP	SANFORD FL	5.4 CITY-ST-ZIP	MERRITT ISLAND FL 32953
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD 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 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)