
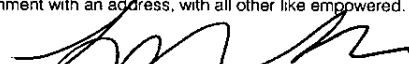


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90056 019 ****61.25

DOCUMENT # 751686					
1. Entity Name LEGAL ADVOCACY CENTER OF CENTRAL FLORIDA, INC.					
Principal Place of Business 222 S W BROADWAY ST OCALA, FL 34474			Mailing Address 222 S W BROADWAY ST OCALA, FL 34474		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2013486	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
UCC FILING & SEARCH SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE, FL 32301-2551			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, HUGH		NAME		
STREET ADDRESS	109 N. FLORIDA AVE-#207		STREET ADDRESS		
CITY-ST-ZIP	BUSHNELL, FL 335136156		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNOW, DANIEL J		NAME		
STREET ADDRESS	203 COURTHOUSE SQUARE		STREET ADDRESS		
CITY-ST-ZIP	INVERNESS, FL 34450		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASON, JOSEPH		NAME		
STREET ADDRESS	P O BOX 1900		STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE, FL 34605		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEEK, TOM		NAME		
STREET ADDRESS	P.O. BOX 2491		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH, FL 32115		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODBLATT, AMY		NAME		
STREET ADDRESS	221 NE IVANHOE BLVD., STE 205		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32804		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ECKERT, STACY		NAME		
STREET ADDRESS	2445 SOUTH VOLUSIA AVE., STE C3		STREET ADDRESS		
CITY-ST-ZIP	ORANGE CITY, FL 32763		CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date: 4.22.04		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		
			<small>Daytime Phone #</small>		

2004 Not For Profit Corporation Annual Report
Legal Advocacy Center of Central Florida, Inc.

Attachment Page 1
Document #751686

24056532

Block 11, Officers and Directors (continued)

Title D Addition
Name Judy Stevens-Singleton
Street Address 30 N. Grove St., Ste B
City-St-Zip Merritt Island, FL 32953

Title D Addition
Name Ann Melinda Craggs
Street Address 101 SW 3rd Street
City-St-Zip Ocala, FL 34474

Title D Addition
Name Johanna Torres
Street Address 322 Lakebreeze Circle
City-St-Zip Lake Mary, FL 32746

Title D Addition
Name Ethel Ware
Street Address 380 St. Regis Drive
City-St-Zip Merritt Island, FL 32953-4554

Title D Addition
Name Dennis Bayer
Street Address 306 S. Oceanshore Blvd.
City-St-Zip Flagler Beach, FL 32136

Title D Addition
Name William Townsend
Street Address 200 Reid Street
City-St-Zip Palatka, FL 32177

Title D Addition
Name Dougald Leitch
Street Address 3113 Lawton Road, Ste 225
City-St-Zip Orlando, FL 32803

Title D Addition
Name Michael Porter
Street Address 903 Second Street
City-St-Zip Port Orange, FL 32119

Title VD Addition
Name Joseph Morrell
Street Address 2300 E. Concord Street
City-St-Zip Orlando, FL 32803

Title D Addition
Name Virginia Townes
Street Address 255 S. Orange Avenue
City-St-Zip Orlando, FL 32801

Title D Addition
Name Bill Rivera
Street Address 4224 Anson Lane Apt. 104
City-St-Zip Orlando, FL 32814

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Legal Advocacy Center of Central Florida, Inc.

Attachment Page 2
Document #751686

24056532

Title D Addition
Name Norberto Katz
Street Address 425 N. Orange Ave., Ste 540
City-St-Zip Orlando, FL 32801

Title D Addition
Name Lucille Espey-Francis
Street Address 355 West Alfred Street
City-St-Zip Tavares, FL 32775

Title D Addition
Name Mercedes Leon
Street Address 20 South Rose Ave., Ste 2
City-St-Zip Kissimmee, FL 34741

Title D Addition
Name Mildred Dixon
Street Address 1089 N. Circle West
City-St-Zip Winter Garden, FL 34787

Title D Addition
Name Lyvonne Thompson
Street Address 728 Goldwyn Avenue
City-St-Zip Orlando, FL 32805

Title D Addition
Name Sharon Wiley
Street Address 4882 S. Semoran, Unit 1401
City-St-Zip Orlando, FL 32822

Title D Addition
Name Alice King
Street Address 4347 NW 22nd Avenue
City-St-Zip Ocala, FL 34475

Title SD Addition
Name Leah Riddick
Street Address 4636 S. Moon Trail
City-St-Zip Port Orange, FL 32129