

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90360 049 ****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
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

04052006 Chg-NP CR2E037 (11/05)

4. FEI Number
 59-2013486

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6049474



6. Name and Address of Current Registered Agent

UCC FILING & SEARCH SERVICES, INC.
 1574 VILLAGE SQUARE BLVD
 SUITE 100
 TALLAHASSEE, FL 32309

Co	Age	Fund	Loc	Act	Resir
2	820	020	09		

7. Name and Address of New Registered Agent

LACCF

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.

Checked by: _____ Approved by: _____

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	MORRELL, JOSEPH	1310 W COLONIAL DRIVE	ORLANDO, FL 32804	<input type="checkbox"/>
VD	GOODBLATT, AMY	831 IRMA AVENUE	ORLANDO, FL 32803	<input type="checkbox"/>
SD	LEAH, RIDDICK	4636 S. MOON TRAIL	PORT ORANGE, FL 32129	<input type="checkbox"/>
TD	LEE, HUGH	202 N. FLORIDA ST., STE A	BUSHNELL, FL 33513	<input type="checkbox"/>
D	ARTHUR, THERESA	3744 WEST RAILROAD AVENUE	COCOA, FL 32926	<input type="checkbox"/>
D	LESTER BOULER, HAROLD	813 EAST BAY STREET	WINTER GARDEN, FL 34787	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
D				<input checked="" type="checkbox"/>	<input type="checkbox"/>
PD				<input checked="" type="checkbox"/>	<input type="checkbox"/>
VD	Townes, Virginia	420 S. Orange Ave, Suite 1200	Orlando, FL 32801	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Porter, Michael	903 Second Street	Port Orange, FL 32129	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Schulte, Kimberly	127 North 7th Street	Leesburg, FL 34748	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Snow, Daniel	203 Courthouse Square	Inverness, FL 34750	<input type="checkbox"/>	<input checked="" type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Rhoda Bess Coombs* **4/20/06** **386-255-8171**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

Additions

60029676
751686

TITLE NAME STREET ADDRESS CITY - ST- ZIP	D CAUSSADE-GARCIA, EUNICE 20 SOUTH ROSE AVENUE, SUITE 2 KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY - ST- ZIP	D ECKERT, STACY 2445 SOUTH VOLUSIA AVENUE, SUITE C3 ORANGE CITY, FL 32763
TITLE NAME STREET ADDRESS CITY - ST- ZIP	D VALDIVIA, BASIL 200 NORTH ORANGE AVENUE, SUITE 1600 ORLANDO, FL 32802
TITLE NAME STREET ADDRESS CITY - ST- ZIP	D KING, ALICE 4347 NW 22 ND AVENUE OCALA, FL 34475
TITLE NAME STREET ADDRESS CITY - ST- ZIP	D BESS GOODSON, RHODA 150 MAGNOLIA AVENUE DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY - ST- ZIP	D LEITCH, DOUGALD 3113 LAWTON ROAD, SUITE 225 ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY - ST- ZIP	D MASON, JOSEPH 101 SOUTH MAIN STREET BROOKSVILLE, FL 34601
TITLE NAME STREET ADDRESS CITY - ST- ZIP	D NOWELL, SID 1003 EAST MOODY BOULEVARD, SUITE E BUNNELL, FL 32110
TITLE NAME STREET ADDRESS CITY - ST- ZIP	D PICCARD, ELIAS 615 A HERNDON AVENUE ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY - ST- ZIP	D STEVENS-SINGLETON, JUDY 30 NORTH GROVE STREET, SUITE B MERRITT ISLAND, FL 32953
TITLE NAME STREET ADDRESS CITY - ST- ZIP	D THOMPSON, LYVONNE 730 GOLDWYN AVENUE ORLANDO, FL 32805
TITLE NAME STREET ADDRESS CITY - ST- ZIP	D PETTUS-GRUND, LINDA MARIE 125 NORTH HYER AVENUE ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY - ST- ZIP	D TOWNSEND, WILLIAM 200 REID STREET PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY - ST- ZIP	D WILEY, SHARON 4882 S. SEMORAN BOULEVARD, UNIT 1401 ORLANDO, FL 32822
TITLE NAME STREET ADDRESS CITY - ST- ZIP	D BIRD, CHRISTINE 20 SE MAGNOLIA AVENUE OCALA, FL 34474