

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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95 MAY 25 PM 1:01

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N94000001161 (8)**  
1. Corporation Name  
**FLORIDA PRISONERS LEGAL AID ORGANIZATION, INC.**

Principal Place of Business Mailing Address  
14365 EAST COLONIAL DR. SUITE 1-A ORLANDO FL 32826  
14365 EAST COLONIAL DR. SUITE 1-A ORLANDO FL 32826

900001501199  
-05/30/95--01095--009  
\*\*\*\*130.00 \*\*\*\*130.00

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt #, etc 26 Suite, Apt #, etc  
22 City & State 27 City & State  
23 City & State 28 City & State  
24 Country 25 Country 29 Country 30 Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/03/1994 3a. Date of Last Report  
4. FEI Number 59-3255961 Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent  
BURNS, TERESA A  
14365 E. COLONIAL DR.  
SUITE 1-A  
ORLANDO FL 32826

10. Name and Address of New Registered Agent  
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Signature (Type or printed name of registered agent and the 1 applicable date) Registered Agent signature (required when registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	BURNS, TERESA A
STREET ADDRESS	14385 E. COLONIAL DR. #1-A
CITY, ST, ZIP	ORLANDO FL 32826
TITLE	SD
NAME	POSEY, BOBBY G
STREET ADDRESS	1150 S.W. ALLAPATTAH RD.
CITY, ST, ZIP	INDIANTOWN FL 34958-4397
TITLE	TD
NAME	MCGLAMRY, DARRYL J
STREET ADDRESS	1150 S.W. ALLAPATTAH RD.
CITY, ST, ZIP	INDIANTOWN FL 34958-4397
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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, or on an attachment with an address.

SIGNATURE: *TERESA A. Burns* SD 4-18-95  
SIGNATURE AND TYPE ON PRINTED NAME OF OFFICER OR DIRECTOR