

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 02 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
-------------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

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



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/03/1994</b>	3a. Date of Last Report <b>05/01/1996</b>
--------------------------------------------------------	----------------------------------------------

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number <b>59-3255961</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Zip 24	Country 25	Zip 29	Country 30

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	BURNS, TERESA A	
STREET ADDRESS	14365 E. COLONIAL DR. #1-A	
CITY-ST-ZIP	ORLANDO FL 32826	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	POSEY, BOBBY G	
STREET ADDRESS	1150 S.W. ALLAPATTAH RD.	
CITY-ST-ZIP	INDIANTOWN FL 34956-4397	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MCGLAMRY, DARRYL J	
STREET ADDRESS	1150 S.W. ALLAPATTAH RD.	
CITY-ST-ZIP	INDIANTOWN FL 34956-4397	
TITLE	D	<input type="checkbox"/> DELETE
NAME	David Walter Bauer	
STREET ADDRESS	4509 N. Armenia Ave	
CITY-ST-ZIP	Tampa FL 33603	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Michael W. Easterling	
STREET ADDRESS	4509 N. Armenia Ave	
CITY-ST-ZIP	Tampa FL 33603	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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 \_\_\_\_\_ SIGNATURE REQUIRED \_\_\_\_\_ 015-07 407-658

CR2E037 (4/97)