

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 *AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

99 SEP 27 AM 9:28

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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DOCUMENT # N94000001161

1. Corporation Name
 FLORIDA PRISONERS LEGAL AID ORGANIZATION, INC.

Principal Place of Business 14365 E. COLONIAL DRIVE SUITE 1-A ORLANDO FL 32826	Mailing Address 14365 E. COLONIAL DRIVE SUITE 1-A ORLANDO FL 32826
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2. Principal Place of Business 21 15232 E Colonial Dr Suite, Apt. #, etc. 22	2a. Mailing Address 26 15232 E Colonial Dr Suite, Apt. #, etc. 27	3. Date Incorporated or Qualified 03/03/1994
City & State 23 Orlando FL	City & State 28 Orlando FL	4. FEI Number 59-3255961 Applied For Not Applicable
Zip 24 32826	Country 25 USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. Zip 29 32826	8. Country 30 USA

9. Name and Address of Current Registered Agent BURNS, TERESA A 15232 E. COLONIAL DR. ORLANDO FL 32826	10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 Zip Code
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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 CD <input type="checkbox"/> DELETE	NAME BURNS, TERESA A	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 14365 E. COLONIAL DR. #1-A	CITY-ST-ZIP ORLANDO FL 32826	1.2 NAME	
TITLE SD <input type="checkbox"/> DELETE	NAME POSEY, BOBBY G	1.3 STREET ADDRESS	
STREET ADDRESS 1150 S.W. ALLAPATTAH RD.	CITY-ST-ZIP INDIANTOWN FL 34956-4397	1.4 CITY-ST-ZIP	
TITLE TD <input type="checkbox"/> DELETE	NAME MCGLAMRY, DARRYL J	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1150 S.W. ALLAPATTAH RD.	CITY-ST-ZIP INDIANTOWN FL 34956-4397	2.2 NAME	
TITLE D <input type="checkbox"/> DELETE	NAME BAUER, DAVID WALTER	2.3 STREET ADDRESS	900003006259--1
STREET ADDRESS 4509 N ARMENIA AVE	CITY-ST-ZIP TAMPA FL	2.4 CITY-ST-ZIP	-10/05/99--01094--011
TITLE	NAME	2.5 CITY-ST-ZIP	*****61.25 *****61.25
STREET ADDRESS	CITY-ST-ZIP	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP		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 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, with all other like empowered.

SIGNATURE: *Teresa Burns* SIGNED

9-24-99 407-568-7877

CR2E037 (5/99)