

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001161

FILED
Mar 10, 2006
Secretary of State

Entity Name: FLORIDA PRISONERS LEGAL AID ORGANIZATION, INC.

Current Principal Place of Business:

15232 E. COLONIAL DR.
ORLANDO, FL 32826

New Principal Place of Business:

Current Mailing Address:

15232 E. COLONIAL DR.
ORLANDO, FL 32826

New Mailing Address:

FEI Number: 59-3255961

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURNS, TERESA A
15232 E. COLONIAL DR.
ORLANDO, FL 32826 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: BURNS, TERESA A
Address: 15232 E COLONIAL DROVE
City-St-Zip: ORLANDO, FL 32826

Title: SD () Delete
Name: POSEY, BOBBY G
Address: 1150 S.W. ALLAPATTAH RD.
City-St-Zip: INDIANTOWN, FL 349564397

Title: TD () Delete
Name: MCGLAMRY, DARRYL J
Address: 1150 S.W. ALLAPATTAH RD.
City-St-Zip: INDIANTOWN, FL 349564397

Title: D () Delete
Name: BAUER, DAVID WALTER
Address: 4509 N ARMENIA AVE
City-St-Zip: TAMPA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: POSEY, BOBBY G
Address: 9544 CR 476B
City-St-Zip: BUSHNELL, FL 33513

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERESA BURNS

CD

03/10/2006

Electronic Signature of Signing Officer or Director

_____ Date