2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001161

FILED Jul 21, 2008 Secretary of State

Entity Name: FLORIDA PRISONERS LEGAL AID ORGANIZATION, INC.

Current Principal Place of Business: New Principal Place of Business:

15232 E. COLONIAL DR. 285 ROBERTA ST ORLANDO, FL 32826 MARION, NC 28752

Current Mailing Address: New Mailing Address:

15232 E. COLONIAL DR. 285 ROBERTA ST ORLANDO, FL 32826 MARION, NC 28752

FEI Number: 59-3255961 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BURNS, TERESA A

15232 E. COLONIAL DR.
ORLANDO, FL 32826 US

BURNS, TERESA A

285 ROBERTA ST

MARION, FL 28752 US

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: 07/21/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD () Delete Title: CD (X) Change () Addition Name: BURNS, TERESA A Name: BURNS, TERESA A

 Address:
 15232 E COLONIAL DROVE
 Address:
 285 ROBERTA ST

 City-St-Zip:
 ORLANDO, FL 32826
 City-St-Zip:
 MARION, NC 28752

Title: SD () Delete Title: SD (X) Change () Addition Name: POSEY, BOBBY G Name: POSEY, BOBBY G

Address: 8784 W US 21 Address: 1978 NW 228 ST
City-St-Zip: MAYO, FL 32066 City-St-Zip: RAIFORD, FL 32026

Title: D () Delete Title: () Change () Addition

 Name:
 BAUER, DAVID WALTER
 Name:

 Address:
 4509 N ARMENIA AVE
 Address:

 City-St-Zip:
 TAMPA, FL
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 07/21/2008