

2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 711555

Entity Name: COMMUNITY LEGAL SERVICES OF MID-FLORIDA, INC.

Current Principal Place of Business:

122 E. COLONIAL DRIVE, SUITE 200
ORLANDO, FL 32801

Current Mailing Address:

122 E. COLONIAL DRIVE, SUITE 200
ORLANDO, FL 32801 US

FEI Number: 59-1156260

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

UCC FILING & SEARCH SERVICES
1574 VILLAGE SQUARE BLVD
SUITE 100
TALLAHASSEE, FL 32309 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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title DIRECTOR
Name HAMILTON-SMITH, CYNTHIA
Address 417 E 2ND ST
City-State-Zip: SANFORD FL 32771

Title DIRECTOR
Name COLOMBO, JOSEPH
Address 2020 W EAU GALLIE BLVD
STE 106
City-State-Zip: MELBOURNE FL 32935

Title DIRECTOR
Name CHANNELL, WARREN
Address 160 S MAIN ST
City-State-Zip: WINTER GARDEN FL 34787

Title DIRECTOR
Name MILLER, MELISSA
Address 5001 ST JOHNS AVE
City-State-Zip: PALATKA FL 32177

Title DIRECTOR
Name MASON, JOSEPH
Address 101 S MAIN ST
City-State-Zip: BROOKSVILLE FL 34601

Title DIRECTOR
Name PARRISH, CHRISTINE
Address 9815 BUCKHEAD COURT
City-State-Zip: WINDERMERE FL 34786

Title CEO
Name HARVEY, JEFFREY
Address 122 E. COLONIAL DRIVE
SUITE 200
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name WASYLIK, MICHAEL
Address P.O. BOX 2245
City-State-Zip: DADE CITY FL 33526

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I hereby 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 all other like empowered.

SIGNATURE: JEFFREY HARVEY

CEO

07/15/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title TREASURER
Name ARGENTO, JAMES
Address 550 W. MAIN STREET
City-State-Zip: TAVARES FL 32778

Title PRESIDENT
Name ROSS ANDINO, KEVIN
Address 307 CRANES ROOST BLVD.
 SUITE 2010
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title DIRECTOR
Name ARCHER, TANGIE
Address 128 ORANGE AVE.
 300
City-State-Zip: DAYTONA BEACH FL 32114

Title DIRECTOR
Name THACKER DORN, CELIA
Address 101 CHURCH STREET
City-State-Zip: KISSIMMEE FL 34741

Title DIRECTOR
Name VICKERS, WYNN
Address 110 NW 1ST AVENUE
 SUITE 5000
City-State-Zip: OCALA FL 34475

Title DIRECTOR
Name SOMERS, DIANA
Address 14272 NICKELODEON STREET
City-State-Zip: BROOKSVILLE FL 34613

Title DIRECTOR
Name KOLODINSKY, RICHARD
Address 1305 N. ATLANTIC AVE.
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title DIRECTOR
Name TAYLOR, JANELL
Address 1912 NW 1ST ST.
City-State-Zip: OCALA FL 34475

Title DIRECTOR
Name NIX, SAKEENA
Address 2750 DAVID WALKER DRIVE
 2117
City-State-Zip: EUSTIS FL 32726

Title DIRECTOR
Name HUNTER STORY, MAX
Address 328 2ND AVE. NORTH
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title DIRECTOR
Name GAR BUTT, EUNICE
Address 128 ORANGE AVENUE
 SUITE 300
City-State-Zip: DAYTONA BEACH FL 32114

Title VP
Name AKIN, SHERRI
Address 101 N WOODLAND BLVD
 SUITE 212
City-State-Zip: DELAND FL 32720

Title DIRECTOR
Name ORTIZ, ANDREA
Address 37 N ORANGE AVENUE
 SUITE 500
City-State-Zip: ORLANDO FL 32801

Title SECRETARY
Name OWENS, SCOTT
Address 2488 E MICHIGAN STREET
City-State-Zip: ORLANDO FL 32806

Title DIRECTOR
Name RENTZ, CARRIE
Address P. O. BOX 1113
City-State-Zip: WINTER PARK FL 32790-1113

Title DIRECTOR
Name LAFONTAINE, AMY
Address 200 S. ORANGE AVE.
 1200
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name O'BERRY, TARNECIA
Address 122 E. COLONIAL DRIVE
 200
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name BROWN, CASSANDRA
Address 9624 SEAVIEW DRIVE
 206
City-State-Zip: LEESBURG FL 34788