

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 751686

**FILED**  
**Mar 29, 2016**  
**Secretary of State**  
**CC3802335193**

**Entity Name:** LEGAL ADVOCACY CENTER OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

1610 SE 36TH AVE.  
OCALA, FL 34471

**Current Mailing Address:**

128 ORANGE AVE  
SUITE 300  
DAYTONA BEACH, FL 32114

**FEI Number:** 59-2013486

**Certificate of Status Desired:** Yes

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

UCC FILING & SEARCH SERVICES, INC.  
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 GOODBLATT, AMY  
Address 1040 WOODCOCK RD  
SUITE 251  
City-State-Zip: ORLANDO FL 32803

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

Title DIRECTOR  
Name RUDNITSKY, TARAS  
Address 145 MIDDLE ST, STE 1111  
City-State-Zip: LAKE MARY FL 32746

Title D  
Name ARAGO, MAUREEN  
Address PO BOX 452275  
City-State-Zip: KISSIMMEE FL 34745

Title DIRECTOR  
Name SEARS, MYRON  
Address 2109 N 24TH RD  
City-State-Zip: Ocala FL 34475

Title D  
Name HUBKA, HAROLD  
Address PO BOX 2491  
City-State-Zip: DAYTONA BEACH FL 32115

Title D  
Name VALLADARES, KARLA  
Address 2295 S HIAWASSEE RD  
STE 301  
City-State-Zip: ORLANDO FL 32835

Title D  
Name SWORD, RAVEN  
Address PO BOX 351065  
City-State-Zip: PALM COAST FL 32135

**Continues on page 2**

*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:** KIMBERLY SANCHEZ

**CEO**

**03/29/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title D  
Name LASSONE, ROBERT  
Address 100 SILVER BEACH AVE  
City-State-Zip: DAYTONA BEACH FL 32118

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

Title D  
Name MCNEAL, RAYMOND  
Address 2640 SE 45TH ST  
City-State-Zip: OCALA FL 34480

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

Title D  
Name SULLIVAN, JOHN  
Address 340 NORTH ST.  
City-State-Zip: DAYTONA BEACH FL 32114

Title CEO  
Name SANCHEZ, KIMBERLY  
Address 128 ORANGE AVE  
SUITE 300  
City-State-Zip: DAYTONA BEACH FL 32114

Title DIRECTOR  
Name COLOMBO, JOSEPH  
Address 2351 W EAU GALLIE BLVD  
City-State-Zip: MELBOURNE FL 32935

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

Title D  
Name ADAMS, TIMOTHY  
Address 5530 PENDLETON DR  
City-State-Zip: ORLANDO FL 32839

Title TREASURER  
Name PARRISH, CHRISTINE  
Address 200 S. ORANGE AVE.  
STE. 800  
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR  
Name MILLER, BRENT  
Address 205 E. BURLEIGH BLVD., HWY 441  
City-State-Zip: TAVARES FL 32778