

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751686

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

Current Principal Place of Business:

310 S MAGNOLIA AVE
SANFORD, FL 32771

Current Mailing Address:

128 ORANGE AVE
SUITE 300
DAYTONA BEACH, FL 32114

FEI Number: 59-2013486

Certificate of Status Desired: No

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 831 IRMA AVE
City-State-Zip: ORLANDO FL 32803

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

Title PRESIDENT
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 D
Name ARTHUR, THERESA
Address 3744 RAILROAD AVE
City-State-Zip: COCOA FL 32926

Title SECRETARY
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

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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: TARAS RUDNITSKY

PRESIDENT

04/30/2015

Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

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

Title D
Name DAHL, J J
Address 1001 EAST AVE
City-State-Zip: CLERMONT FL 34711

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

Title D
Name THOMPSON, LYVONNE
Address 730 GOLDWYN AVE
City-State-Zip: ORLANDO FL 32805

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 DIRECTOR
Name WILLIAMS, TANYA
Address 452 PLEASANT GROVE RD.
City-State-Zip: INVERNESS FL 34452

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

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

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

Title D
Name VAZQUEZ, REINALDO
Address 1110 ROMANO AVE
City-State-Zip: ORLANDO FL 32807

Title TREASURER
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 DIRECTOR
Name CHANFRAU, WILLIAM JR.
Address 701 N. PENINSULA DR.
City-State-Zip: DAYTONA BEACH FL 32126

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