

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000003615

FILED
Apr 24, 2014
Secretary of State
CC8399669310

Entity Name: LEGAL AID SOCIETY OF THE OSCEOLA BAR ASSOCIATION, INC.

Current Principal Place of Business:

222 SOUTH VERNON AVENUE
KISSIMMEE, FL 34741

Current Mailing Address:

P.O. BOX 451615
KISSIMMEE, FL 34745 US

FEI Number: 46-2104095

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CARPENTER, BENJAMIN
222 SOUTH VERNON AVENUE
KISSIMMEE, FL 34741 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: BENJAMIN CARPENTER

04/24/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name CARPENTER, BENJAMIN
Address 222 SOUTH VERNON AVENUE
City-State-Zip: KISSIMMEE FL 34741

Title SECRETARY
Name ENVALL, AMY
Address P.O. BOX 451615
City-State-Zip: KISSIMMEE FL 34745

Title DIRECTOR
Name HARLEY, PHYLLIS
Address 4417 13TH ST #177
City-State-Zip: SAINT CLOUD FL 34769

Title TREASURER
Name HOLBORN, ROBERT D II
Address P.O. BOX 451615
City-State-Zip: KISSIMMEE FL 34745

Title DIRECTOR
Name BAIN, ANDREW
Address P.O. BOX 451615
City-State-Zip: KISSIMMEE FL 34745

Title VC
Name ARENDAS, CHRISTINE
Address P.O. BOX 451615
City-State-Zip: KISSIMMEE FL 34745

Title DIRECTOR
Name BOURDONY, TYRONE
Address P.O. BOX 451615
City-State-Zip: KISSIMMEE FL 34745

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: ROBERT HOLBORN

TREASURER

04/24/2014

Electronic Signature of Signing Officer/Director Detail

Date