

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000003615

**FILED**  
**Apr 22, 2015**  
**Secretary of State**  
**CC3875913533**

**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:**

ENVALL, AMY  
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: AMY ENVALL

04/22/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title CHAIRMAN  
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 SIZER, BRIAN  
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: ANDREW BAIN

CHAIRMAN

04/22/2015

Electronic Signature of Signing Officer/Director Detail

Date