

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 580776

FILED  
Apr 27, 2005  
Secretary of State

**Entity Name:** FAMILY LEGAL CENTERS OF CHAWK & ASSOCIATES, P.A.

**Current Principal Place of Business:**

909 EAST PARKER STREET  
P.O. BOX 8209  
LAKE LAND, FL 33802

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 8209  
LAKE LAND, FL 33802 US

**New Mailing Address:**

FEI Number: 59-1837448

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COLLINS, SANDRA K.  
11501 ORILLA DEL RIO PLACE  
TEMPLE TERRACE, FL 33617 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CHAWK, THOMAS J,  
Address: 909 EAST PARKER ST.  
City-St-Zip: LAKE LAND, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS JOEL CHAWK

P

04/27/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date