

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 712035 (5)
1. Corporation Name

FLORIDA RURAL LEGAL SERVICES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:46

Principal Place of Business

Mailing Address

963 EAST MEMORIAL BOULEVARD
P. O. BOX 24688
LAKELAND FL 33802

963 EAST MEMORIAL BOULEVARD
P. O. BOX 24688
LAKELAND FL 33802

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/29/1966 3a. Date of Last Report 02/23/1994

4. FEI Number 59-1225173 Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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30

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WAHL, GAIL R.
963 EAST MEMORIAL BOULEVARD
LAKELAND 33801

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TD
NAME BROWN, MARK A.
STREET ADDRESS ONE HARBOUR PLACE
CITY-ST-ZIP TAMPA FL

1.1 TITLE Treasurer ☒ Change ☐ Addition
1.2 NAME BARBARA SALES-BERNARD
1.3 STREET ADDRESS 1515 Australian Avenue
1.4 CITY-ST-ZIP West Palm Beach, FL 33407

TITLE SD
NAME AVILA, ANGELITA
STREET ADDRESS 42 MARTIN LUTHER KING
CITY-ST-ZIP WAUCHULA FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE PD
NAME MIDYETTE, WILLIAM
STREET ADDRESS 2012 S. FLORIDA AVE.
CITY-ST-ZIP LAKELAND FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VD
NAME WHITFIELD, V L
STREET ADDRESS 224 DATURA STR #918
CITY-ST-ZIP W PALM BCH FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or in an amendment with an address.

SIGNATURE:

WILLIAM M. MIDYETTE, III, President

2/1/95 813683-7567