

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Aug 03, 1999 8:00 am**  
**Secretary of State**

08-03-1999 90008 025 \*\*\*\*70.00

**NONPROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 712035**

1. Corporation Name

**FLORIDA RURAL LEGAL SERVICES, INC.**

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/29/1966

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1225173

Applied For  
 Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WAHL, GAIL R.  
 963 EAST MEMORIAL BOULEVARD  
 LAKELAND FL 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

T  DELETE  
 NAME: FIELDS, TAMMY  
 STREET ADDRESS: 301 N OLIVE AVE #601  
 CITY-ST-ZIP: WEST PALM BEACH FL 33401

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

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

2.1 TITLE  Change  Addition  
 2.2 NAME: Jose Encarnacion  
 2.3 STREET ADDRESS: 2685 Melejeuca Blvd  
 2.4 CITY-ST-ZIP: Pt. St. Lucie, FL 34952

PD  DELETE  
 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

VD  DELETE  
 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

DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

DELETE  
 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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *William M. Midyette*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 William M. Midyette, III

July 22, 1999

941-688-7376

Date

Daytime Phone #

007701

CR2E037 (5/99)