

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712035

FILED
Feb 01, 2005
Secretary of State

Entity Name: FLORIDA RURAL LEGAL SERVICES, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1225173 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WAHL, GAIL R.
963 EAST MEMORIAL BOULEVARD
LAKELAND, FL 33801 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

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: FIELDS, TAMMY
Address: 301 N OLIVE AVE #601
City-St-Zip: WEST PALM BEACH, FL 33401

Title: SD () Delete
Name: SENN, STEPHEN R
Address: 225 E. LEMON STREET; STE.#300
City-St-Zip: LAKELAND, FL 33801

Title: PD () Delete
Name: DIAMOND, STELLA
Address: 2036 MCGREGOR BLVD
City-St-Zip: FORT MYERS, FL 33902

Title: VD () Delete
Name: LUCKEY, OWEN L JR
Address: 90 HOWE AVENUE
City-St-Zip: LABELLE, FL 33935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WANDA D. DUTCHER

FD

02/01/2005

Electronic Signature of Signing Officer or Director

Date