2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#712035

FILED Feb 04, 2009 Secretary of State

Entity Name: FLORIDA RURAL LEGAL SERVICES, INC.

Current Principal Place of Business: New Principal Place of Business: 963 EAST MEMORIAL BOULEVARD 963 EAST MEMORIAL BOULEVARD P. O. BOX 24688 LAKELAND, FL 33801 LAKELAND, FL 33802 **New Mailing Address: Current Mailing Address:** P.O. BOX 24688 LAKELAND, FL 33802 FEI Number: 59-1225173 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WAHL, GAIL R MS 963 E. MEMORIAL BLVD. LAKELAND, FL 33801 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SENN, STEPHEN R Name: Name: 225 E. LEMON STREET; STE.#300 Address: Address: City-St-Zip: LAKELAND, FL 33801 US City-St-Zip: Title: PD () Delete Title: PD (X) Change () Addition Name: DIAMOND, STELLA Name: DIAMOND, STELLA Address: 2036 MCGREGOR BLVD Address: 2904 VALENCIA WAY City-St-Zip: FORT MYERS, FL 33902 US City-St-Zip: FORT MYERS, FL 33901 US Title: () Delete Title: () Change () Addition LUCKEY, OWEN L JR Name: Name: 90 HOWE AVENUE Address: Address: City-St-Zip: LABELLE, FL 33935 US City-St-Zip: Title: ED () Delete Title: () Change () Addition ISAAC, DONALD MR Name: Name: Address: 3210 CLEVELAND AVENUE Address: City-St-Zip: FT. MYERS, FL 33901 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DONALD ISAAC ED 02/04/2009