

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 14, 2009
Secretary of State

DOCUMENT# 712035

Entity Name: FLORIDA RURAL LEGAL SERVICES, INC.**Current Principal Place of Business:**963 EAST MEMORIAL BOULEVARD
LAKELAND, FL 33801**New Principal Place of Business:****Current Mailing Address:**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 ()****Name and Address of Current Registered Agent:**WAHL, GAIL R MS
963 E. MEMORIAL BLVD.
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: SD () Delete
Name: SENN, STEPHEN R
Address: 225 E. LEMON STREET; STE.#300
City-St-Zip: LAKELAND, FL 33801 US

Title: PD () Delete
Name: DIAMOND, STELLA
Address: 2904 VALENCIA WAY
City-St-Zip: FORT MYERS, FL 33901 US

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

Title: ED () Delete
Name: ISAAC, DONALD MR
Address: 3210 CLEVELAND AVENUE
City-St-Zip: FT. MYERS, FL 33901 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SENN, STEPHEN R
Address: 225 E. LEMON STREET; STE.#300
City-St-Zip: LAKELAND, FL 33801 US

Title: VD (X) Change () Addition
Name: LUCKEY, OWEN L JR.
Address: 90 HOWE AVENUE
City-St-Zip: LABELLE, FL 33935 US

Title: TD (X) Change () Addition
Name: PERRY, MARK A
Address: 50 SE 4TH AVENUE
City-St-Zip: DELRAY BEACH, FL 33483 US

Title: SD (X) Change () Addition
Name: TRUEBLOOD, TRAVIS
Address: 1212 US HIGHWAY 27
City-St-Zip: MOORE HAVEN, FL 33471 US

Title: ED () Change (X) Addition
Name: ISAAC, DONALD
Address: 3210 CLEVELAND AVENUE
City-St-Zip: FT. MYERS, FL 33901

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

05/14/2009

Electronic Signature of Signing Officer or Director

Date