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95 JUN 13 AM 11:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # 715641 (7)

1. Corporation Name  
POLK COUNTY LEGAL AID SOCIETY, INC.

Principal Place of Business 1805 US HWY 98 SOUTH LAKELAND FL 33801 US	Mailing Address 1805 US HWY 98 SOUTH LAKELAND FL 33801 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/25/1968	3a. Date of Last Report 07/15/1994
4. FEI Number 59-6215748	Applied For <input type="checkbox"/> Not Applicable

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address Suite, Apt. #, etc. City & State Zip
22. Principal Place of Business City & State Zip	2b. Mailing Address City & State Zip

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**BROWN, CHARLES L**  
1805 US HWY 98 SOUTH  
LAKELAND FL 33801

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 officer 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]* Director DATE: 6-9-95

12. OFFICERS AND DIRECTORS

TITLE: P	NAME: MEEKS, KAREN	STREET ADDRESS: P. O. BOX 9000-DRWR PD BARTOW FL	CITY - ST - ZIP:
TITLE: V	NAME: WISEMAN, TIM	STREET ADDRESS: 3542 RAINTREE CT. LAKELAND FL	CITY - ST - ZIP:
TITLE: ST	NAME: CATING, HUGH	STREET ADDRESS: 100 S. KENTUCKY AVE. LAKELAND FL	CITY - ST - ZIP:
TITLE: D	NAME: TRAWEEK, AMAMDA	STREET ADDRESS: 2120 LAKELAND HILLS BLVD. LAKELAND FL	CITY - ST - ZIP:
TITLE: D	NAME: MORRISON, JOSEPH A.	STREET ADDRESS: 5410 S. FLA. AVE., STE. D LAKELAND FL	CITY - ST - ZIP:
TITLE: D	NAME: SNOGRASS, SHERYL	STREET ADDRESS: 2120 LAKELAND HILLS BLVD. LAKELAND FL	CITY - ST - ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: P/	NAME: TIM WISEMAN	STREET ADDRESS: 3542 RAINTREE COURT LAKELAND FL 33803	CITY - ST - ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE: V/P	NAME: JOSEPH A MORRISON	STREET ADDRESS: 5410 SOUTH FLA AVE SUITE D LAKELAND FL 33813	CITY - ST - ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE: S/T	NAME: SHERYL SNOGRASS	STREET ADDRESS: 2120 LAKELAND HILLS BOULEVARD LAKELAND FL 33805	CITY - ST - ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE: P	NAME: KAREN MEEKS	STREET ADDRESS: P O BOX 9000-DRWR PD BARTOW FL 33830-9000	CITY - ST - ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE: D	NAME: HUGH CATING	STREET ADDRESS: 100 S KENTUCKY AVE LAKELAND FL 33801	CITY - ST - ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE: D	NAME: AMANDA TRAWEEK	STREET ADDRESS: 2120 LAKELAND HILLS BOULEVARD LAKELAND FL 33805	CITY - ST - ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 on an attachment with an address.

SIGNATURE: *Timothy R. Wiseman* President DATE: 4/26/95 644-9324