

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 715641 (7)

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



Principal Place of Business Mailing Address  
**1805 US HWY 98 SOUTH  
LAKELAND FL 33801  
US**

3. Date Incorporated or Qualified **11/25/1968** 3a. Date of Last Report **06/13/1995**  
4. FEI Number **59-6215748** Applied For  Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

**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 **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0602 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.  
*Charles L. Brown*  
**Executive Director** 4-11-96

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>WISEMAN, TIM</b>	
STREET ADDRESS	<b>3542 RAIN TREE COURT</b>	
CITY - ST - ZIP	<b>LAKELAND FL 33803</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>MORRISON, JOSEPH A</b>	
STREET ADDRESS	<b>5410 SOUTH FLA AVE, SUITE D</b>	
CITY - ST - ZIP	<b>LAKELAND FL 33813</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>SNODGRASS, SHERYL</b>	
STREET ADDRESS	<b>2120 LAKELAND HILLS BOULEVARD</b>	
CITY - ST - ZIP	<b>LAKELAND FL 33805</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MEEKS, KAREN</b>	
STREET ADDRESS	<b>P.O. BOX 9000-DRWR PD N/A</b>	
CITY - ST - ZIP	<b>BARTOW FL 33830-9000</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CATING, HUGH</b>	
STREET ADDRESS	<b>100 S KENTUCKY AVE</b>	
CITY - ST - ZIP	<b>LAKELAND FL 33801</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>TRAWEEK, AMANDA</b>	
STREET ADDRESS	<b>2120 LAKELAND HILLS BOULEVARD</b>	
CITY - ST - ZIP	<b>LAKELAND FL 33805</b>	

**13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 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 119.07(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 3/21/96 941/644-9324  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
*Timothy R. Wiseman* President

CR2E037 (12/95)