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Jul 02 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra G. Mortham
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 33801-6554, US

3. Date Incorporated or Qualified: 11/25/1968
3a. Date of Last Report: 04/19/1996

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
22. Suite, Apt. #, etc.
23. City & State
24. Zip, Country

4. FEI Number: 59-6215748
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

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: LINDA A. MOORE
82 Street Address (P.O. Box Number is Not Acceptable): 1805 U S HWY 98 SOUTH
83
84 City: LAKELAND FL 85 Zip Code: 33801

11. Pursuant to the provisions of Sections 617.0502 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.

SIGNATURE: *Linda A. Moore* LINDA A. MOORE DATE: 5/30/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
1.1 TITLE	D		
1.2 NAME	DAVID A GREENE		
1.3 STREET ADDRESS	P O BOX 6559		N/A
1.4 CITY-ST-ZIP	LAKELAND FL 33807-6559		
2.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Linda A. Moore* DATE: 5/30/97

CR2E037 (9/96)