

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED), MINIMUM AMOUNT DUE TO REINSTATE: \$236.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 715641 (7)
 1. Corporation Name
HEART OF FLORIDA LEGAL AID SOCIETY, INC.

APPROVED
 96 OCT 29 PM 3:15
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



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

3. Date Incorporated or Qualified
11/25/1968
 4. FEI Number Applied For
59-6215748 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
 7. Is this nonprofit corporation a homeowners association? Yes No
 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. 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 28 Zip 29 Country 30 Country

9. Name and Address of Current Registered Agent
MOORE, LINDA A
 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 **800002676888-3**
 84 City **LAKELAND** -10/30/98 DATE OF CHANGE
FL 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** 9/4/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | SK D <input type="checkbox"/> DELETE | 1.1 TITLE | P D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WISEMAN, TIM N/A | 1.2 NAME | AMANDA TRAWEEK |
| STREET ADDRESS | 3542 RAIN TREE COURT | 1.3 STREET ADDRESS | 215 N. FLORAL AVE |
| CITY-ST-ZIP | LAKELAND FL | 1.4 CITY-ST-ZIP | BARTOW FL 33831 |
| TITLE | X D <input type="checkbox"/> DELETE | 2.1 TITLE | VP D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MORRISON, JOSEPH A N/A | 2.2 NAME | KAREN MEEKS |
| STREET ADDRESS | 1410 SOUTH FLA AVE SUITE D 3500 CAPE COD PLACE | 2.3 STREET ADDRESS | 2000 S FLA AVE |
| CITY-ST-ZIP | LAKELAND FL 33813 | 2.4 CITY-ST-ZIP | LAKELAND FL 33803 |
| TITLE | X XXXX <input type="checkbox"/> DELETE | 3.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SNODGRASS, SHERYL N/A | 3.2 NAME | JOSEPH P. MIRANDI |
| STREET ADDRESS | 2120 LAKE AND HILLS BOULEVARD | 3.3 STREET ADDRESS | 500 S FLA AVE 8TH FLOOR |
| CITY-ST-ZIP | LAKELAND FL | 3.4 CITY-ST-ZIP | LAKELAND FL 33804-5271 |
| TITLE | D VPX <input type="checkbox"/> DELETE | 4.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MIRANDA, KAREN N/A | 4.2 NAME | CARSANDRA D. BUIE |
| STREET ADDRESS | P.O. BOX 6559 DRWR RD N/A | 4.3 STREET ADDRESS | 255 N BROADWAY AVE |
| CITY-ST-ZIP | BARTOW FL 33830 | 4.4 CITY-ST-ZIP | BARTOW FL 33830-2000 |
| TITLE | D ST D <input type="checkbox"/> DELETE | 5.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GREENE, DAVID A | 5.2 NAME | ANNETTE SZOROSY N/A |
| STREET ADDRESS | P O BOX 6559 N/A 4707 CLEVELAND HEIGHTS BLVD | 5.3 STREET ADDRESS | 2402 DERBY SHIRE AVE |
| CITY-ST-ZIP | LAKELAND FL LAKELAND FL 33807 | 5.4 CITY-ST-ZIP | LAKELAND FL 33803 |
| TITLE | R <input type="checkbox"/> DELETE | 6.1 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TRAWEEK, AMANDA | 6.2 NAME | SHERYL SNODGRASS N/A |
| STREET ADDRESS | 2120 LAKE AND HILLS BOULEVARD | 6.3 STREET ADDRESS | 2310 LAKE AND HILLS BLVE |
| CITY-ST-ZIP | LAKELAND FL 33805 | 6.4 CITY-ST-ZIP | LAKELAND FL 33805 |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 19.07(3)(f), 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: *Amanda TrawEEK* **AMANDA TRAWEEK** SEPTEMBER 4, 1998
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0009423

CR2E037 (5/98)