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Jul 20, 1999 8:00 am
Secretary of State

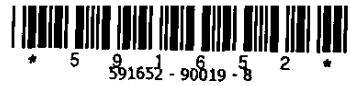
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 715641 ✓

1. Corporation Name
HEART OF FLORIDA 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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/25/1968
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6215748
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	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

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 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISEMAN, TIM	1.2 NAME	SHERYL SNODGRASS
STREET ADDRESS	3672 BAINBRIDGE COURT	1.3 STREET ADDRESS	2310 LAKELAND HILLS BLVD
CITY-ST-ZIP	LAKELAND FL XXX	1.4 CITY-ST-ZIP	LAKELAND FL 33805
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRISON, JOSEPH A	2.2 NAME	ANNETTE SZOROSY
STREET ADDRESS	3500 CAPE COD PLACE	2.3 STREET ADDRESS	2402 DERBY SHIRE AVE
CITY-ST-ZIP	LAKELAND FL 33813	2.4 CITY-ST-ZIP	LAKELAND FL 33803
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAWEEK, AMANDA	3.2 NAME	DAVID M. PEARCE
STREET ADDRESS	215 N. FLORAL AVE.	3.3 STREET ADDRESS	SECOND DCA 1005 E. MEMORIAL BLVD
CITY-ST-ZIP	BARTOW FL 33831	3.4 CITY-ST-ZIP	LAKELAND FL 33802
TITLE	VPD <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEEKS, KAREN	4.2 NAME	TIM, WISEMAN
STREET ADDRESS	2000 S. FLA AVE.	4.3 STREET ADDRESS	191 GREENFIELD RD
CITY-ST-ZIP	LAKELAND FL 33801-5271	4.4 CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	STD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENE, DAVID A	5.2 NAME	
STREET ADDRESS	4707 CLEVELAND HEIGHTS BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33807	5.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIRANDI, JOSEPH P	6.2 NAME	
STREET ADDRESS	500 S. FLA. AVE., 8TH FLOOR	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33801-5271	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: Katherine Harris **SIGNATURE REQUIRED** Date: June 16, 1999 Daytime Phone # _____

CR2E037 (11/98)