

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90237 037 ****61.25

DOCUMENT # 715641

1. Entity Name

HEART OF FLORIDA LEGAL AID SOCIETY, INC.

Principal Place of Business

Mailing Address

1805 US HWY 98 SOUTH
 LAKELAND FL 33801
 US

1805 US HWY 98 SOUTH
 LAKELAND FL 33801
 US

2. Principal Place of Business

3. Mailing Address

510 S. Broadway Avenue
 Suite, Apt. #, etc.
Suite 2

510 S. Broadway Avenue
 Suite, Apt. #, etc.
Suite 2

City & State
Bartow, Florida

City & State
Bartow, Florida

4. FEI Number **59-6215748**

Applied For
 Not Applicable

Zip **33830** Country **Polk**

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5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOORE, LINDA A
 1805 US HWY 98 SOUTH
 LAKELAND FL 33801

Name
Paul E. Perrin
 Street Address (P.O. Box Number is Not Acceptable)
510 S. Broadway Avenue, Suite 2
 City **Bartow** State **FL** Zip Code **33830**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *Paul E Perrin*
 Signature, typed or printed name of registered agent and title if applicable.

Paul E Perrin
Executive Director

4-25-01
 DATE

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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D WISEMAN, TIM	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	191 GREENFIELD RD WINTER HAVEN FL 33884	
TITLE NAME	VPD MORRISON, JOSEPH A	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	3500 CAPE COD PLACE LAKELAND FL 33813	
TITLE NAME	D TRAWEEK, AMANDA	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	215 N. FLORAL AVE. BARTOW FL 33831	
TITLE NAME	PD MEEKS, KAREN	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	2000 S. FLA AVE. LAKELAND FL 33801-5271	
TITLE NAME	D SNODGRASS, SHERYL	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	231 LAKELAND HILLS BLVD LAKELAND FL 33805	
TITLE NAME	STD MIRANDI, JOSEPH P	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	500 S. FLA. AVE., 8TH FLOOR LAKELAND FL 33801-5271	

TITLE NAME	PD GENTRY, BERNARD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	4740 Cleveland Heights Blvd Lakeland, FL 33813	
TITLE NAME	VPD MIRANDI, JOSEPH P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	141 E. CENTRAL AVE., SUITE 350 WINTER HAVEN, FL 33880	
TITLE NAME	STD SNODGRASS, SHERYL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	2310 LAKELAND HILLS BLVD LAKELAND, FL 33805	
TITLE NAME	D FLYTE, JACKSON S.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	500 S. FL. AVE., SUITE 600 LAKELAND, FL 33801	
TITLE NAME	D MEEKS, KAREN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	2000 S. FL. AVE. LAKELAND, FL 33801-5271	
TITLE NAME	D TRAWEEK, AMANDA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	255 N. BROADWAY AVENUE BARTOW, FL 33830	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joseph P Mirandi*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-01

Date

863-519-5663

Daytime Phone #

CR2E037 (10/00)