

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 16, 2004  
Secretary of State**

DOCUMENT# 715641

Entity Name: HEART OF FLORIDA LEGAL AID SOCIETY, INC.

**Current Principal Place of Business:**

510 S. BROADWAY AVENUE  
SUITE 2  
BARTOW, FL 33830 US

**New Principal Place of Business:**

**Current Mailing Address:**

510 S. BROADWAY AVENUE  
SUITE 2  
BARTOW, FL 33830 US

**New Mailing Address:**

FEI Number: 59-6215748      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GREULICH, MARGERY D  
510 S. BROADWAY AVENUE, SUITE 2  
BARTOW, FL 33830 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GENTRY, BERNARD  
Address: 4740 CLEVELAND HEIGHTS BLVD.  
City-St-Zip: LAKELAND, FL 33813

Title: D ( ) Delete  
Name: MIRANDI, JOSEPH P  
Address: 141 E. CENTRAL AVE., SUITE 350  
City-St-Zip: WINTER HAVEN, FL 33880

Title: VPD ( ) Delete  
Name: FLYTE, JACKSON S  
Address: 1628 SOUTH FLA AVENUE  
City-St-Zip: LAKELAND, FL 33801

Title: PD ( ) Delete  
Name: MEEKS, KAREN  
Address: 1125 E MAINE STREET  
City-St-Zip: BARTOW, FL 33830

Title: STD ( ) Delete  
Name: BUCK, STEVIE  
Address: 255 N BROADWAY AVE  
City-St-Zip: BARTOW, FL 33830

Title: D ( ) Delete  
Name: TRAWEEK, AMANDA  
Address: 255 N. BROADWAY AVENUE  
City-St-Zip: BARTOW, FL 33830

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BERNARD GENTRY

PD

05/16/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date