

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715641

FILED
Jun 02, 2005
Secretary of State

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:

550 EAST DAVIDSON STREET
BARTOW, FL 33830 US

Current Mailing Address:

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

New Mailing Address:

550 EAST DAVIDSON STREET
BARTOW, FL 33830 US

FEI Number: 59-6215748 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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:

GREULICH, MARGERY D
550 EAST DAVIDSON STREET
BARTOW, FL 33830 US

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: MARGERY D. GREULICH

06/02/2005

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: JOSEPH P. MIRANDI

PD

06/02/2005

Electronic Signature of Signing Officer or Director

Date