

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715641

FILED  
Jul 10, 2008  
Secretary of State

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

**Current Principal Place of Business:**

550 EAST DAVIDSON STREET  
BARTOW, FL 33830 US

**New Principal Place of Business:**

**Current Mailing Address:**

550 EAST DAVIDSON STREET  
BARTOW, FL 33830 US

**New Mailing Address:**

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  
550 EAST DAVIDSON STREET  
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: VPD ( ) Delete  
Name: GERMAINE, ROBERT  
Address: 430 S. COMMERCE AVENUE  
City-St-Zip: SEBRING, FL 33870

Title: PD ( ) Delete  
Name: MIRANDI, JOSEPH P  
Address: 3500 S. FLORIDA AVE SUITE 1  
City-St-Zip: LAKELAND, FL 33803

Title: D ( ) Delete  
Name: GLOSSICK, JOE  
Address: P O BOX 9000 DRAWER J112  
City-St-Zip: BARTOW, FL 33830

Title: D ( ) Delete  
Name: MEEKS, KAREN  
Address: P O BOX 1598  
City-St-Zip: BARTOW, FL 33830

Title: D ( ) Delete  
Name: ROSEN, ROBERT  
Address: P O BOX 9000  
City-St-Zip: BARTOW, FL 33830

Title: D ( ) Delete  
Name: TRAWEEK, AMANDA  
Address: P O BOX 9000 DRAWER J149  
City-St-Zip: BARTOW, FL 33830

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

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

Title: PD (X) Change ( ) Addition  
Name: FLYTE, JACKSON S ESQ  
Address: 510 S. BROWAD WAY  
City-St-Zip: BARTOW, FL 33830

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: STD (X) Change ( ) Addition  
Name: TRAWEEK, AMANDA  
Address: P O BOX 9000 DRAWER J149  
City-St-Zip: BARTOW, FL 33830

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: AMANDA TRAWEEK

STD

07/10/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date