

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715641

FILED
Apr 29, 2009
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 (X)

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:

GONZALEZ-DOCKERY, ALINA M
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: ALINA GONZALEZ-DOCKERY 04/29/2009
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: FLYTE, JACKSON S ESQ
Address: 510 S. BROWAD WAY
City-St-Zip: BARTOW, FL 33830

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

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

Title: () Change () Addition
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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 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: JACKSON S. FLYTE PD 04/29/2009
Electronic Signature of Signing Officer or Director Date