

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715641

FILED
Jan 05, 2011
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:

550 EAST DAVIDSON STREET
BARTOW, FL 33830

FEI Number: 59-6215748

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GONZALEZ-DOCKERY, ALINA M
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: PD
Name: MEEKS, KAREN I
Address: POST OFFICE BOX 1598
City-St-Zip: BARTOW, FL 33831 US

Title: VPD
Name: ROSEN, ROBERT
Address: POST OFFICE BOX 9000
City-St-Zip: BARTOW, FL 33831 US

Title: STD
Name: GLOSSICK, JOE
Address: POST OFFICE BOX 9000 DRAWER J112
City-St-Zip: BARTOW, FL 33830 US

Title: D
Name: TRAWEEK, AMANDA
Address: POST OFFICE BOX 9000, DRAWER J149
City-St-Zip: BARTOW, FL 33831 US

Title: D
Name: WHITLOCK, KATHY
Address: 430 SOUTH COMMERCE AVENUE
City-St-Zip: SEBRING, FL 33870 US

I hereby 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 all other like empowered.

SIGNATURE: ALINA M. GONZALEZ-DOCKERY

ED

01/05/2011

Electronic Signature of Signing Officer or Director

Date