

# 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