
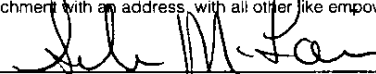


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90112 045 \*\*\*\*61.25

<b>DOCUMENT # 732660</b> 1. Entity Name <b>SEMINOLE COUNTY BAR ASSOCIATION LEGAL AID SOCIETY, INC.</b>					
Principal Place of Business <b>101 WEST PALMETTO AVE LONGWOOD, FL 32750</b>			Mailing Address <b>101 WEST PALMETTO AVE LONGWOOD, FL 32750</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MCLAIN, SILVIA 883 SWEETWATER ISL. CIR. LONGWOOD, FL 32779</b>				Name  Street Address (P.O. Box Number is Not Acceptable)   City <span style="float: right;"><b>FL</b></span> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P FREEMON, THOMAS PO BOX 150070 ALTAMONTE SPRINGS, FL 32715</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>(See Attached)</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP HAWKINS, CAROL 100 WELDON BLVD. SANFORD, FL 327736199</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/T ROGERS, DEAN MELVIN 4000 CENTRAL FL. BLVD., COHPA HPA ORLANDO, FL 32816</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MCINTOSH, ESQ., ROBERT PO BOX 4848 SANFORD, FL 327724848</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CHANCEY, DENISE 6441 EAST COLONIAL DRIVE ORLANDO, FL 32807</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SWANSON, ESQ, CAROL 801 N. MAGNOLIA AVE STE 418 ORLANDO, FL 32803</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> 			<b>1-18-07 407-834-1660</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

ATTACHMENT  
40004952

# 732660

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBERT McINTOSH Post Office Box 4848 Sanford, Florida 32772-4848	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RICHARD A. COLEGROVE 101 West First Street, Suite C Sanford, Florida 32771	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S MELANIE F. CHASE 200 Colonial Center Pkwy, Ste 550 Lake Mary, Florida 32746-4798	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAROL HAWKINS c/o Seminole Community College 100 Weldon Blvd. Sanford, FL 32773-6199	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELVIN ROGERS c/o University of Central Florida 4000 Central Florida Blvd. COHPA HPA 305 Orlando, Florida 32816-2200	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUSAN STACY Post Office Box 4848 Sanford, Florida 32772-4848	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENISE CHANCEY 1817 Townhall Lane Orlando, Florida 32807	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAROL SWANSON 801 N. Magnolia Avenue, Suite 418 Orlando, Florida 32803	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOUISE B. ZEULI Post Office Box 940548 Maitland, Florida 32794	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINDA D. SCHOONOVER 1301 S International Pkwy, Ste 1041 Lake Mary, Florida 32746-1410	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M SILVIA McLAIN 101 West Palmetto Avenue Longwood, Florida 32750	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition