


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2008 8:00 am**  
**Secretary of State**

02-19-2008 90026 025 \*\*\*\*61.25

<b>DOCUMENT # 732660</b>					
<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 #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-1591554	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
MCLAIN, SILVIA 883 SWEETWATER ISL. CIR. LONGWOOD, FL 32779			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> 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>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> VP	<b>NAME</b> COLEGROVE, RICHARD A	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> D	<b>NAME</b> McIntosh, Robert	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 101 WEST FIRST STREET STE C	SANFORD, FL 32771		<b>STREET ADDRESS</b> PO Box 4848	Sanford, FL 32772	
<b>CITY-STATE-ZIP</b>	SANFORD, FL 32771		<b>CITY-STATE-ZIP</b>	Sanford, FL 32772	
<b>TITLE</b> D	<b>NAME</b> HAWKINS, CAROL	<input type="checkbox"/> Delete	<b>TITLE</b> P	<b>NAME</b> Chase, Melanie	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 100 WELDON BLVD.	SANFORD, FL 327736199		<b>STREET ADDRESS</b> 200 Colonial Center Pkwy, Ste 550	Lake Mary, FL 32746	
<b>CITY-STATE-ZIP</b>	SANFORD, FL 327736199		<b>CITY-STATE-ZIP</b>	Lake Mary, FL 32746	
<b>TITLE</b> D	<b>NAME</b> ROGERS, DEAN MELVIN	<input type="checkbox"/> Delete	<b>TITLE</b> V	<b>NAME</b> Schoonover, Linda	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 4000 CENTRAL FL. BLVD., COHPA HPA	ORLANDO, FL 32816		<b>STREET ADDRESS</b> 1301 S International Pkwy, Ste 1041	Lake Mary, FL 32746	
<b>CITY-STATE-ZIP</b>	ORLANDO, FL 32816		<b>CITY-STATE-ZIP</b>	Lake Mary, FL 32746	
<b>TITLE</b> P	<b>NAME</b> MCINTOSH, ESQ., ROBERT	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> T/S	<b>NAME</b> Chase, Damon	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> PO BOX 4848	SANFORD, FL 327724848		<b>STREET ADDRESS</b> 250 International Pkwy, Ste 250	Lake Mary, FL 32746	
<b>CITY-STATE-ZIP</b>	SANFORD, FL 327724848		<b>CITY-STATE-ZIP</b>	Lake Mary, FL 32746	
<b>TITLE</b> D	<b>NAME</b> CHANCEY, DENISE	<input type="checkbox"/> Delete	<b>TITLE</b> D	<b>NAME</b> Freeman, Thomas	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 1817 TOWNHALL LANE	ORLANDO, FL 32807		<b>STREET ADDRESS</b> P.O. Box 150070	Altamonte Springs, FL 32715	
<b>CITY-STATE-ZIP</b>	ORLANDO, FL 32807		<b>CITY-STATE-ZIP</b>	Altamonte Springs, FL 32715	
<b>TITLE</b> D	<b>NAME</b> SWANSON, CAROL	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> D	<b>NAME</b> Zeuli, Louise	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 801 N. MAGNOLIA AVE STE 418	ORLANDO, FL 32803		<b>STREET ADDRESS</b> PO Box 940548	Maitland, FL 32754	
<b>CITY-STATE-ZIP</b>	ORLANDO, FL 32803		<b>CITY-STATE-ZIP</b>	Maitland, FL 32754	
<b>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>					
<b>SIGNATURE:</b> _____			2/15/2008 (407)834-1660		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		