

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732660

FILED
Jan 09, 2009
Secretary of State

Entity Name: SEMINOLE COUNTY BAR ASSOCIATION LEGAL AID SOCIETY, INC.

Current Principal Place of Business:

101 WEST PALMETTO AVE
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

101 WEST PALMETTO AVE
LONGWOOD, FL 32750

New Mailing Address:

FEI Number: 59-1591554

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCLAIN, SILVIA
883 SWEETWATER ISL. CIR.
LONGWOOD, FL 32779 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: D () Delete
Name: MCINTOSH, ROBERT
Address: PO BOX 4848
City-St-Zip: SANFORD, FL 32772

Title: D () Delete
Name: HAWKINS, CAROL
Address: 100 WELDON BLVD.
City-St-Zip: SANFORD, FL 327736199

Title: D () Delete
Name: ROGERS, DEAN MELVIN
Address: 4000 CENTRAL FL. BLVD., COHPA HPA
City-St-Zip: ORLANDO, FL 32816

Title: TS () Delete
Name: CHASE, DANNON
Address: 2501 INTERNATIONAL PKWY, STE 250
City-St-Zip: LAKE MARY, FL 32746

Title: D () Delete
Name: CHANCEY, DENISE
Address: 1817 TOWNHALL LANE
City-St-Zip: ORLANDO, FL 32807

Title: D () Delete
Name: ZEULI, LOUISE
Address: PO BOX 940548
City-St-Zip: MAITLAND, FL 32794

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ED (X) Change () Addition
Name: MCLAIN, SILVIA
Address: 101 WEST PALMETTO AVENUE
City-St-Zip: LONGWOOD, FL 32750

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

Title: VP (X) Change () Addition
Name: KRAMER, STEVEN D
Address: 999 DOUGLAS AVENUE, SUITE 3333
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: P (X) Change () Addition
Name: CHASE, DAMON
Address: 2501 INTERNATIONAL PKWY, STE 250
City-St-Zip: LAKE MARY, FL 32746

Title: S/T (X) Change () Addition
Name: GARRETT, RANDY W
Address: P.O. BOX 952431
City-St-Zip: LAKE MARY, FL 32795

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: SILVIA MCLAIN

D

01/09/2009

Electronic Signature of Signing Officer or Director

Date