2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#732660

FILED Jan 03, 2011 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

101 WEST PALMETTO AVE LONGWOOD, FL 32750

Current Mailing Address: New Mailing Address:

101 WEST PALMETTO AVE LONGWOOD, FL 32750

FEI Number: 59-1591554 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCLAIN, SILVIA 883 SWEETWATER ISL. CIR. LONGWOOD, FL 32779 US

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: ED

Name: MCLAIN, SILVIA

Address: 101 WEST PALMETTO AVENUE City-St-Zip: LONGWOOD, FL 32750

Title: VP

Name: STANLEY, FREDERIC JR
Address: 260 MAITLAND AVENUE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: F

Name: KRAMER, STEVEN D

Address: 999 DOUGLAS AVENUE, SUITE 3333 City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title:

Name: CHASE, DAMON

Address: 2501 INTERNATIONAL PKWY, STE 250

City-St-Zip: LAKE MARY, FL 32746

Title: D

 Name:
 GARRETT, RANDY W

 Address:
 P.O. BOX 952431

 City-St-Zip:
 LAKE MARY, FL 32795

Title: S/T

Name: ESPINOSA, MARIA Address: PO BOX 300010

City-St-Zip: FERN PARK, FL 327300010

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: SILVIA MCLAIN ED 01/03/2011