

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732660

FILED
Jan 03, 2012
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: ED
Name: MCLAIN, SILVIA
Address: 101 WEST PALMETTO AVENUE
City-St-Zip: LONGWOOD, FL 32750

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

Title: VP
Name: MCINTOSH, ROBERT
Address: 1001 HEATHROW PARK LANE. STE. 4001
City-St-Zip: LAKE MARY, FL 32746

Title: D
Name: CHASE, DAMON
Address: 2501 INTERNATIONAL PKWY, STE 250
City-St-Zip: LAKE MARY, FL 32746

Title: S/T
Name: FREEMAN, THOMAS G JR
Address: 414 RIVER DRIVE
City-St-Zip: DEBARY, FL 32713

Title: D
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

01/03/2012

Electronic Signature of Signing Officer or Director

Date