


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90116 021 \*\*\*\*70.00

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 738006**

1. Corporation Name

**GREATER ORLANDO AREA LEGAL SERVICES, INC.**

Principal Place of Business

1036 W AMELIA ST  
ORLANDO FL 32805

Mailing Address

1036 W AMELIA ST  
ORLANDO FL 32805



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/04/1977	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1731922	
24 Country		29 Country		30	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

**ARMSTEAD, RALPH**  
**1036 W. AMELIA ST**  
**ORLANDO FL 32805**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIXON, MILDRED	1.2 NAME	
STREET ADDRESS	1089 N CIRCLE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN FL 34787	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	PRES. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNG, REGINALD WM.	2.2 NAME	
STREET ADDRESS	12 S ORLANDO AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SECT. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURKE, VERNELL	3.2 NAME	DONALD R. HENDERSON
STREET ADDRESS	718 MARGARET SQUARE	3.3 STREET ADDRESS	225 E. ROBINSON ST #600
CITY-ST-ZIP	WINTER PARK FL 32789	3.4 CITY-ST-ZIP	ORLANDO FL 32802
TITLE	P <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TREAS. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CATO, RICHARD	4.2 NAME	LETICIA J. MARQUES
STREET ADDRESS	1120 E. PARK LK. ST.	4.3 STREET ADDRESS	719 VASSAR ST.
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	ORLANDO FL 32804
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEPNER, BARRY	5.2 NAME	CECIL F. BLESSINGS
STREET ADDRESS	200 E MICHIGAN ST., #200	5.3 STREET ADDRESS	800 N. HIGHLAND ST.
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	ORLANDO FL 32803
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERGUSON, ANGELA GAIL	6.2 NAME	WILLIAM W. MAVS, SR.
STREET ADDRESS	236 S LUCERN CIR	6.3 STREET ADDRESS	1125 TUSKEGEE ST.
CITY-ST-ZIP	ORLANDO FL 32801	6.4 CITY-ST-ZIP	LEESBURG FL 33748

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: RALPH ARMSTEAD**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/99 407-841-7777

Date

Daytime Phone #

CR2E037 (1/198)