

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90710 017 \*\*\*\*70.00

**DOCUMENT # 738006**

1. Entity Name  
**GREATER ORLANDO AREA LEGAL SERVICES, INC.**



Principal Place of Business      Mailing Address  
**1036 W AMELIA ST**      **1036 W AMELIA ST**  
**ORLANDO FL 32805**      **ORLANDO FL 32805**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **59-1731922**      Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>WATSON, RONALD H</b>	
STREET ADDRESS	<b>1500 E ORANGE AVE</b>	
CITY-ST-ZIP	<b>EUSTIS FL 32726</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MORRELL, JOSEPH</b>	
STREET ADDRESS	<b>2300 E CONCORD ST</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32803</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>HENDERSON, DONALD R</b>	
STREET ADDRESS	<b>225 E. ROBINSON ST #600</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32802</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>THOMPSON, LYVONNE</b>	
STREET ADDRESS	<b>728 GOLDWYN AVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32805</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>VERNON, HENRY</b>	
STREET ADDRESS	<b>106 CANDLEWOOD CT</b>	
CITY-ST-ZIP	<b>KISSIMEE FL 34743</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BROOKS-WILLIAMS, FAYE</b>	
STREET ADDRESS	<b>1320 HACKETT ST</b>	
CITY-ST-ZIP	<b>MOUNT DORA FL 32757</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DONALD LEITCH</b>	
STREET ADDRESS	<b>3113 LAWTON ROAD #225</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32803-3519</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>VIRGINIA B. TOWNES</b>	
STREET ADDRESS	<b>255 S. ORANGE AVE.</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32802</b>	

12. 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 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.

SIGNATURE: *Ralph Armstead* **REQUIRED**      RALPH ARMSTEAD      1/3/03      407-841-7777

CR2E037 (10/02)