2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#751686

Apr 29, 2005 Secretary of State

Entity Name: LEGAL ADVOCACY CENTER OF CENTRAL FLORIDA, INC.

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

222 S W BROADWAY ST OCALA, FL 34474

Current Mailing Address: New Mailing Address:

222 S W BROADWAY ST OCALA, FL 34474

FEI Number: 59-2013486 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:

UCC FILING & SEARCH SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE, FL 323012551 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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete

(X) Change () Addition GOODBLATT, AMY MORRELL, JOSEPH Name: Name:

221 NE IVANHOE BLVD. SUITE 205 Address: 1310 W COLONIAL DRIVE Address: City-St-Zip: ORLANDO, FL 32804 City-St-Zip: ORLANDO, FL 32804

Title: SD () Delete Title: VD (X) Change () Addition

RIDDICK, LEAH Name: GOODBLATT, AMY Name: Address: 4636 S. MOON TRAIL Address: 831 IRMA AVENUE City-St-Zip: PORT ORANGE, FL 32129 City-St-Zip: ORLANDO, FL 32803

Title: Title: SD (X) Change () Addition () Delete

LEEK, TOM LEAH, RIDDICK Name: Name: Address: P.O. BOX 2419 Address: 4636 S. MOON TRAIL City-St-Zip: DAYTONA BEACH, FL 32115 City-St-Zip: PORT ORANGE, FL 32129

Title: PD () Delete Title: TD (X) Change () Addition LEE, HUGH Name: MASON, JOSEPH Name:

202 N. FLORIDA ST., STE A Address: 101 S. MAIN ST. Address: City-St-Zip: BROOKSVILLE, FL 34601 City-St-Zip: BUSHNELL, FL 33513

Title: VD () Delete Title: (X) Change () Addition

MORRELL, JOSEPH ARTHUR, THERESA Name: Name:

2300 E. CONCORD ST. 3744 WEST RAILROAD AVENUE Address: Address:

City-St-Zip: ORLANDO, FL 32803 City-St-Zip: COCOA, FL 32926

Title: () Delete Title: (X) Change () Addition PORTER, MICHAEL LESTER BOULER, HAROLD Name: Name:

Address: 903 SECOND ST. Address: 813 EAST BAY STREET PORT ORANGE, FL 32119 WINTER GARDEN, FL 34787 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: FU D 04/29/2005