

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90360 049 ****61.25

DOCUMENT # 751686

1. Entity Name
**LEGAL ADVOCACY CENTER OF CENTRAL FLORIDA,
INC.**



Principal Place of Business
**222 S W BROADWAY ST
OCALA, FL 34474**

Mailing Address
**222 S W BROADWAY ST
OCALA, FL 34474**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04052006

Chg-NP

CR2E037 (11/05)

4. FEI Number

59-2013486

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**UCC FILING & SEARCH SERVICES, INC.
1574 VILLAGE SQUARE BLVD
SUITE 100
TALLAHASSEE, FL 32309**

Co	Age	Fund	Loc
2	620	020	09

Act. Restr. LACCF

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

City

State

Zip Code

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.

Checked by: _____ Approved by: _____

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	MORRELL, JOSEPH	1310 W COLONIAL DRIVE	ORLANDO, FL 32804	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
VD	GOODBLATT, AMY	831 IRMA AVENUE	ORLANDO, FL 32803	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
SD	LEAH, RIDDICK	4636 S. MOON TRAIL	PORT ORANGE, FL 32129	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TD	LEE, HUGH	202 N. FLORIDA ST., STE A	BUSHNELL, FL 33513	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	ARTHUR, THERESA	3744 WEST RAILROAD AVENUE	COCOA, FL 32926	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	LESTER BOULER, HAROLD	813 EAST BAY STREET	WINTER GARDEN, FL 34787	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
D					

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
PD					

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
VD	Townes, Virginia	420 S. Orange Ave, Suite 1200	Orlando, FL 32801		

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D	Porter, Michael	903 Second Street	Port Orange, FL 32129		

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D	Schulte, Kimberly	127 North 7th Street	Leesburg, FL 34748		

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D	Snow, Daniel	203 Courthouse Square	Inverness, FL 34450		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Rhonda Bess Gordon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/06 386-255-8171
Date Daytime Phone #

ATTACHMENT

Additions

60029676
751686

TITLE NAME STREET ADDRESS CITY – ST- ZIP	D CAUSSADE-GARCIA, EUNICE 20 SOUTH ROSE AVENUE, SUITE 2 KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY – ST- ZIP	D ECKERT, STACY 2445 SOUTH VOLUSIA AVENUE, SUITE C3 ORANGE CITY, FL 32763
TITLE NAME STREET ADDRESS CITY – ST- ZIP	D VALDIVIA, BASIL 200 NORTH ORANGE AVENUE, SUITE 1600 ORLANDO, FL 32802
TITLE NAME STREET ADDRESS CITY – ST- ZIP	D KING, ALICE 4347 NW 22 ND AVENUE OCALA, FL 34475
TITLE NAME STREET ADDRESS CITY – ST- ZIP	D BESS GOODSON, RHODA 150 MAGNOLIA AVENUE DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY – ST- ZIP	D LEITCH, DOUGALD 3113 LAWTON ROAD, SUITE 225 ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY – ST- ZIP	D MASON, JOSEPH 101 SOUTH MAIN STREET BROOKSVILLE, FL 34601
TITLE NAME STREET ADDRESS CITY – ST- ZIP	D NOWELL, SID 1003 EAST MOODY BOULEVARD, SUITE E BUNNELL, FL 32110
TITLE NAME STREET ADDRESS CITY – ST- ZIP	D PICCARD, ELIAS 615 A HERNDON AVENUE ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY – ST- ZIP	D STEVENS-SINGLETON, JUDY 30 NORTH GROVE STREET, SUITE B MERRITT ISLAND, FL 32953
TITLE NAME STREET ADDRESS CITY – ST- ZIP	D THOMPSON, LYVONNE 730 GOLDWYN AVENUE ORLANDO, FL 32805
TITLE NAME STREET ADDRESS CITY – ST- ZIP	D PETTUS-GRUND, LINDA MARIE 125 NORTH HYER AVENUE ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY – ST- ZIP	D TOWNSEND, WILLIAM 200 REID STREET PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY – ST- ZIP	D WILEY, SHARON 4882 S. SEMORAN BOULEVARD, UNIT 1401 ORLANDO, FL 32822
TITLE NAME STREET ADDRESS CITY – ST- ZIP	D BIRD, CHRISTINE 20 SE MAGNOLIA AVENUE OCALA, FL 34474