2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#751686

FILED Apr 07, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 315 MAGNOLIA AVE, STE A SANFORD, FL 327711915 **Current Mailing Address: New Mailing Address:** 128 ORANGE AVE, STE 300 DAYTONA BEACH, FL 32114 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. 1574 VILLAGE SQUARE BLVD SUITE 100 TALLAHASSEE, FL 32309 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: (X) Change () Addition () Delete TOWNES, VIRGINIA GOODBLATT, AMY Name: Name: 420 SOUTH ORANGE AVE STE 1200 Address: 831 IRMA AVE Address: City-St-Zip: ORLANDO, FL 32802 City-St-Zip: ORLANDO, FL 32803 Title: Title: (X) Change () Addition () Delete GOODBLATT, AMY Name: ARTHUR, THERESA Name: Address: 831 IRMA AVENUE Address: 3744 WEST RAILROAD AVE City-St-Zip: ORLANDO, FL 32803 City-St-Zip: COCOA, FL 32926 Title: () Delete Title: (X) Change () Addition ARTHUR, THERESA LEITCH, DOUGALD Name: Name: 3744 WEST RAILROAD AVENUE 2461 WEST STATE ROAD 426, STE 1001 Address: Address: City-St-Zip: COCOA, FL 32926 City-St-Zip: OVIEDO, FL 32765 (X) Change () Addition Title: () Delete Title: Name: LESTER BOULER, HAROLD Name: STEVENS, JUDY A 30 N GROVE ST, STE B Address: 813 EAST BAY STREET Address: City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip: MERRITT ISLAND, FL 32953 Title: () Delete Title: () Change (X) Addition ECKERT, STACY Name: Name: 2445 S VOLUSIA AVE, STE C3 Address: Address: City-St-Zip: City-St-Zip: ORANGE CITY, FL 32763 Title: () Delete Title: () Change (X) Addition MASON, JOSEPH Name: Name: 101 S MAIN ST Address: Address: BROOKSVILLE, FL 34601 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DOUGALD LEITCH P 04/07/2009