2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2008 8:00 am Secretary of State

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DOCUMENT # N0700003479 1. Entity Name SEMINOLE COUNTY YOUNG LAWYERS DIVISION, INC.					l	5-01-2008	-		
Principal Place 1001 HEATH SUITE 4001 LAKE MARY,	ROW PARK LANE	Mailing Address 1001 HEATHROW PARK SUITE 4001 LAKE MARY, FL 32746	LANE	;					
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address		-					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04242008	Chg-NP	CR2E	037 (12/06)	
City & State		City & State			4. FEI Number				plied For t Applicable
Zip	Country	Zip	Country		5. Certificate of	Status Desired		\$8.75 Add Fee Required	
	6. Name and Address of Current R	egistered Agent	- 1		7. Name and Ad	Idress of New	Registered	Agent	
V. Halife alla Address di Cultant Registered Agent				1/			.tog.ott.ou	- Marin	
STEWART, LESLIE 1001 HEATHROW PARK LANE			Street A	Vero	P.O. Box Number is	s Not Acceptal	ble)		
SUITE 4001 LAKE MARY, FL 32746 :			- 153	٠,١ -	11cml	1.11.1.10			
DAKE MARY, 1 E 32140			City	7716	<u>GCDI</u>			Zip Code	
8. The above named entity submits this statement for the purpose of changing its registerer					Mony	 .		- 1327	46
	named entity submits this statement for it ions of registered agents	the purpose of changing its r	egistered office o	r register	red agent, or both,	in the State of	Florida. I an	n tamiliar with,	and accept
*;	16 have					11/20	1 ~		
SIGNATURE .	The Wall of the same of the sa					7/28/	<u> </u>		
1 1	Signature, typed or pointed name of registered agent an	d title if applicable. (NOTE:	Registered Agent signa	ture required	l when reinstating)		. DATE	٠, ,	
î	Filing Fee is \$61.25	9. Election Cam	paign Financing		\$5.00 May Be	i d	Make chec	k payable to). ·
	Due by May 1, 2008	Trust Fund Co	ontribution.		Added to Fees			rtment of St	
10.	OFFICERS AND DIRE	CTORS	11.		ADDITIONS/CHAN	GES TO OFFIC	ERS AND D	IRECTORS IN	10
TITLE	P	☐ Delete	TITLE					☐ Change	Addition
NAME	STACY, SUSAN	.004	NAME	02	une, Vera	C			سأ أو سو
STREET ADDRESS CITY-ST-ZIP	1001 HEATHROW PARK LANE #4 LAKE MARY, FL 32746	1001	STREET ADORESS CITY-ST-ZIP						
TITLE	8	Delete	TITLE	 				☐ Change	☐ Addition
NAME	HAN, MINH	Delete	NAME					□ ownde	
STREET ADDRESS	1001 HEATHROW PARK LANE #	1 001	STREET ADDRESS						
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP	ļ					
TITLE	T	Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS	STEWART, LESLIE 1001 HEATHROW PARK LANE #4	1001	NAME STREET ADDRESS						
CITY-SF-ZIP	LAKE MARY, FL 32746	7001	CITY-ST-ZIP	-				-	
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME Street address			NAME Street address						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		Delete	TITLE	†		-		☐ Change	Addition
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP	├──	· · · · · ·		 		
title Name		Delete	TITLE NAME]				☐ Change	Addition
STREET ADDRESS			STREET ADDRESS	1		13.1		<u>ั</u> ฐบัญามไห	<u>.</u>
CITY-ST-ZIP			CITY-ST-ZIP	ĺ				i *9:	1

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 teport 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 embowered 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P/OF 40-322-2171