## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000008936

FILED Jul 12, 2009 Secretary of State

Entity Name: COMMUNITY LEGAL ASSISTANCE AND EDUCATION SERVICES, INC.

Current Principal Place of Business:		New Principal Place of Business:	
2563 SE SPRINGTREE PLACE STUART, FL 34997		6526 S. KANNER HIGHWAY 194 STUART, FL 34997	
Current Mailing Address:		New Mailing Address:	
2563 SE SPRINGTREE PLACE STUART, FL 34997		6526 S. KANNER HIGHWAY 194 STUART, FL 34997	
	r: 26-4214600 FEI Number Applied For() FEI nce with s. 607.193(2)(b), F.S., the corporation did not recei	Number Not Applicable ( ) ive the prior notice.	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:	
324 N LAI	FICES OF WILLIAM H. PINCUS KESIDE CT ALM BEACH, FL 334076512 US		
	e named entity submits this statement for the purpos te of Florida.	se of changing its registere	d office or registered agent, or both,
SIGNATU	· · · · · · · · · · · · · · · · · · ·		
	Electronic Signature of Registered Agent		Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	DP () Delete HEMPHILL, KIM 991 NE FRESCO WAY APT 101 JENSEN BEACH, FL 34957	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	DS () Delete BARLOW, RICHARD 5420 SE JENNINGS LANE STUART, FL 34997	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	DV () Delete GALLAGHER, VINCENT G 2563 SE SPRINGTREE PLACE STUART, FL 34997	Title: Name: Address: City-St-Zip:	() Change () Addition

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: VINCENT GALLAGHER VP 07/12/2009