

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000005231

FILED  
May 03, 2012  
Secretary of State

**Entity Name:** LEGAL SUPPORT CENTER, INC.

**Current Principal Place of Business:**

220 EAST FORSYTH STREET  
SUITE F  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 40181  
JACKSONVILLE, FL 32203

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GOMES, ATANASIO  
220 EAST FORSYTH STREET  
SUITE F  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

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:**

Title: D  
Name: GOMES, ATANASIO  
Address: P.O. BOX 40181  
City-St-Zip: JACKSONVILLE, FL 32203

Title: D  
Name: GOMES, AMILCAH  
Address: P.O. BOX 40181  
City-St-Zip: JACKSONVILLE, FL 32203

Title: D  
Name: GOMES-DAVIS, MONDISHIA  
Address: P.O. BOX 40181  
City-St-Zip: JACKSONVILLE, FL 32203

Title: D  
Name: GRAYSON, STACEY  
Address: P.O. BOX 40181  
City-St-Zip: JACKSONVILLE, FL 32203

Title: D  
Name: COFIELD, LA DONNA  
Address: P.O. BOX 40181  
City-St-Zip: JACKSONVILLE, FL 32203

I hereby 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 all other like empowered.

SIGNATURE: ATANASIO GOMES

D

05/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date