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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N34677**

1. Corporation Name
COMMUNITY LAW PROGRAM, INC.

Principal Place of Business	Mailing Address
3420 8TH AVE S 109 ST PETERSBURG FL 33711 US	3420 8TH AVE S 109 ST PETERSBURG FL 33711 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 10/13/1989
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2970727 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

ST PETERSBURG BAR ASSOCIATION
2600 9TH STREET NORTH
ST PETERSBURG FL FL 33704

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DV	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	CUNNINGHAM, JOHN P.		1.2 NAME		
STREET ADDRESS	641 1ST STREET SOUTH		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33731-0358		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE	S/D	☒ Change ☐ Addition
NAME	LOPEZ, KAREN B.		2.2 NAME		
STREET ADDRESS	699 1ST AVE N		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		2. 4 CITY-ST-ZIP		
TITLE	DST	☐ DELETE	3.1 TITLE	T/D	☒ Change ☐ Addition
NAME	KELLY, DARLENE		3.2 NAME		
STREET ADDRESS	2600 9TH ST N 6TH FLOOR		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		3.4. CITY-ST-ZIP		
TITLE	DP	☐ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	STOUT, DAVID ESQ		4. 2 NAME		
STREET ADDRESS	8813 NINTH STREET NORTH		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33702		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	P/D	☒ Change ☐ Addition
NAME	HARRIS, DR. CALVIN		5.2 NAME	Slicker, William D.	
STREET ADDRESS	315 OURT STREET		5.3 STREET ADDRESS	447 3rd Ave N	
CITY-ST-ZIP	CLEARWATER FL 34616		5.4 CITY-ST-ZIP	St. Petersburg FL 33701	
TITLE	D	☐ DELETE	6.1 TITLE	V.P/D	☒ Change ☐ Addition
NAME	PLATA, ROGER ESQ		6.2 NAME	Stewart O. Olson	
STREET ADDRESS	3510 1ST AVE N		6.3 STREET ADDRESS	100 Fareham Place	
CITY-ST-ZIP	ST. PETERSBURG FL		6.4 CITY-ST-ZIP	St. Petersburg FL 33701	

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Karen Lugo 1/5/99 727-896-3647
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #