FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000001159 (3)**

1. Corporation Name
LAW, EDUCATION, AND POVERTY, INC.

Principal Place of Business	Mailing Address
2119 DELTA WAY TALLAHASSEE FL 32303	2119 DELTA WAY TALLAHASSEE FL 32303

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/05/1993
3a. Date of Last Report: 04/11/1994
4. FEI Number: 59-3168186 ☐ Applied For ☐ Not Applicable
2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22
Suite, Apt. #, etc. 27
City & State 23
City & State 28
Zip 24 Country 25
Zip 29 Country 30
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MCLEAN, JACK L JR
2119 DELTA BLVD.
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name: Kristine E. Knab
82 Street Address (P.O. Box Number is Not Acceptable): 2129 Delta Blvd.
83
84 City: Tallahassee FL 85 Zip Code: 32303

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Kristine E. Knab — Kristine E. Knab — 4/20/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	HAWKINS, JUDITH	12 NAME	
STREET ADDRESS	347 OFFICE PLAZA DR	13 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	MORPHONIONS, DEAN	22 NAME	
STREET ADDRESS	1102 N GADSDEN ST	23 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32303	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	FERGUSON, PEARLEY	32 NAME	
STREET ADDRESS	PO BOX 38111 N/A	33 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32315-8111	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	STEWART, JOAN	42 NAME	
STREET ADDRESS	1309 ELEANOR DR	43 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	WHITE, LARRY	52 NAME	
STREET ADDRESS	1020 E LAFAYETTE ST	53 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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****130.00 ****130.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: 4/19/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002207