

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90048 014 ****61.25

DOCUMENT # P04064 1. Entity Name LEGAL ENVIRONMENTAL ASSISTANCE FOUNDATION, INC.					
Principal Place of Business 1122 ROSEWOOD DRIVE TALLAHASSEE, FL 32301 US			Mailing Address 1122 ROSEWOOD DRIVE TALLAHASSEE, FL 32301 US		
2. Principal Place of Business - No P.O. Box # 9150 McDougal Ct.		3. Mailing Address 9150 McDougal Ct			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Tallahassee, FL		City & State Tallahassee, FL		4. FEI Number 63-0776777	
Zip 32312		Country USA		Applied For Not Applicable	
Zip 32312		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LUDDER, DAVID 9150 MCDOUGAL COURT TALLAHASSEE, FL 32312			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROSEMAN, JEFFREY <input type="checkbox"/> Delete 4315 CLIFF ROAD BIRMINGHAM, AL 35222		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition June Ottinger 818 The Crescent Mamoronack, NY 10543	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Delete VALENCIC, CYNTHIA 309 OFFICE PLAZA DRIVE TALLAHASSEE, FL 32301		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Vivian Vines-Campbell 2117 Peacock Lane Birmingham, AL 35223	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC <input type="checkbox"/> Delete JOHNSON, VICTOR RT 4 BOX 4307 DANIELSVILLE, GA 30633		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Dorothy Inman-Johnson 309 Office Plaza Drive Tallahassee, FL 32301	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C <input type="checkbox"/> Delete OTTINGER, RICHARD 818 THE CRESCENT MAMORONECK, NY 10543		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Lois Gibbs P.O. Box 6806 Falls Church, VA 22040	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete WEBB, ROBERT 1025 23 ST S BIRMINGHAM, AL 35205		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete HARIS, DAVID 183 HONEYSUCKLE JUPITER, FL 33458		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Richard Ottinger (RICHARD OTTINGER)</u> 4/14/08 914-422-4121 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40067963



04052008 Chg-NP CR2E037 (12/06)

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INC.



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Chg-NP

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LUDDER, DAVID
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TALLAHASSEE, FL 32312

Name

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

City

FL

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Due by May 1, 2008

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Trust Fund Contribution. ☐

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Make check payable to
Florida Department of State

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE V
NAME VALENCIC, CYNTHIA ☐ Delete
STREET ADDRESS 309 OFFICE PLAZA DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VC
NAME JOHNSON, VICTOR ☐ Delete
STREET ADDRESS RT 4 BOX 4307
CITY-ST-ZIP DANIELSVILLE, GA 30633

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P
NAME HARIS, DAVID ☐ Delete
STREET ADDRESS 163 HONEYSUCKLE
CITY-ST-ZIP JUPITER, FL 33458

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

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